WINASAP5010
Windows Accelerated Submission and Processing
Montana Medicaid, MHSP, and HMK

February 2012

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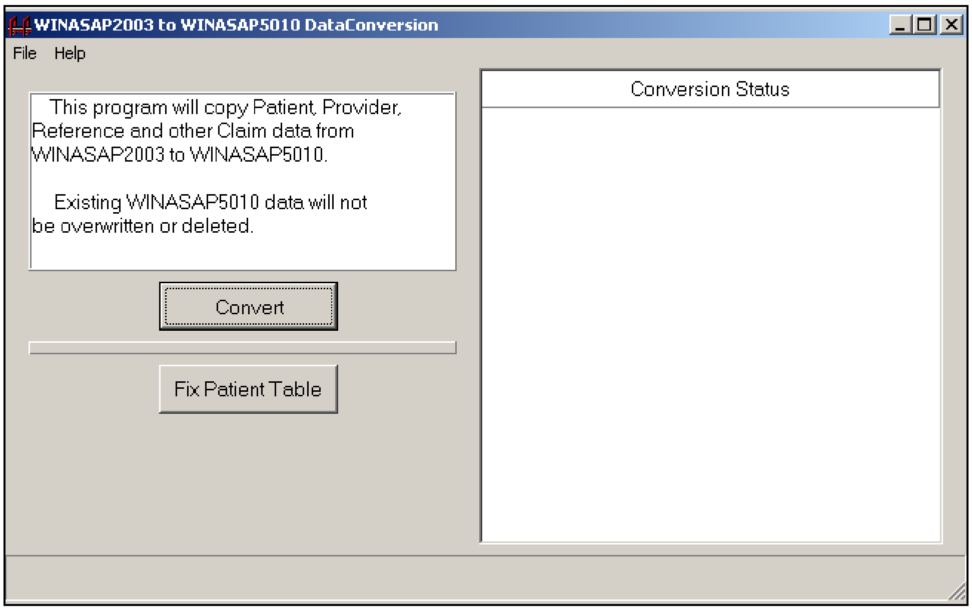
Converting a WINASAP2003 Database to a WINASAP5010 Database

WINASAP5010 allows WINASAP2003 users to convert reference table information such as patient and provider records.

To do this, WINASAP5010 must be installed on the same computer as WINASAP2003 because the converter copies the database and converts it to the WINASAP5010 format.

After the conversion, users must open each patient and provider record in WINASAP5010 to enter additional information now required by HIPAA.



1. Click on the Windows Start button.
2. Select Programs.
3. Highlight WINASAP5010.
4. Select Convert WINASAP2003 to WINASAP5010.
5. Click on the Convert button. This copies the WINASAP2003 database and converts it to a usable WINASAP5010 format.
6. Once the conversion is complete, open WINASAP5010 and verify that the data is there. Users must open each patient and provider record and add any additional required information. **Do not use the Restore Database option in WINASAP5010 when converting the WINASAP2003 database. WINASAP5010 will not be able to read the restored database.**

Using the Converted WINASAP2003 Database in WINASAP5010

WINASAP5010 and WINASAP2003 (which uses the previous 4010 standard) have very different database structures in terms of new fields, increased length, and deleted field qualifier values. Before creating and sending claims in WINASAP5010, users must review the following to ensure that there would be no errors using WINASAP5010 and no compliance errors when the claims have been sent to EDI:

- **Trading Partner Information.** The information from WINASAP2003 in this window was designed **not to be copied** into WINASAP5010 to ensure that users would not accidentally transmit WINASAP2003 files to the WINASAP5010 system. Complete the necessary fields and click on the Save button to ensure that the values entered are 5010-compliant.
- **Provider Data.** There are several changes and corrections done in this window. The biggest changes are in the Secondary Identification Type (Provider Tax Identification Number) which is required and needs to be filled out first to use that provider. Some identification types were deleted and show as blanks in 5010. Delete their respective identification number or update them with their corresponding new identification types. Click on the Save button to ensure the values entered are 5010-compliant.
- **Patient Data.** New fields (e.g., property and casualty information) can be seen in both the Patient Data and the Insured's Data tabs. These fields are situational and must be left blank. Additionally, there is a new button in the Insured's Data tab (Payer Secondary ID). This information is also situational. Click on the Save button to ensure that the values entered are 5010-compliant.
- **Claims Data – Dental Claim, Institutional Claim, Nursing Facility Claim, Nursing Facility Template, and Professional Claim.** Several fields and pull-down items were deleted in WINASAP5010. **It is very important that users do not copy claims that were converted from WINASAP2003 to WINASAP5010.** The formats are very different, and any converted claim that is copied will cause claims to reject. However, users can copy any claim that is originally created in WINASAP5010 for submission.

General Information

WINASAP

- Windows Accelerated Submission and Processing (WINASAP5010) is Windows-based; Windows 98, NT, 2000, XP, Vista, and Windows 7 software application developed by EDI Gateway. WINASAP5010 allows users to submit claim data electronically from their personal computer to EDI Gateway.
- WINASAP does not require an Internet connection in order to transmit claims. The basic requirements are a PC running Windows 98 Second Edition or higher and a standard analog (non-digital) phone line. If possible, users should not be connected to the Internet while transmitting WINASAP claims.
- Software updates can be downloaded from www.acs-gcro.com.
- WINASAP is not case-sensitive.
- Most Windows-based keyboard commands are available in WINASAP: Tab key moves cursor from field to field; Shift + Tab moves cursor back field-to-field; Control + C is a copy command; Control + V is a paste command.
- The F5 key enters the current date in any date field.
- WINASAP does not allow users to save an incomplete provider, patient, or claim entry. A claim must be placed in Hold status to save an incomplete entry.
- It is recommended that the WINASAP database is periodically backed up to prevent loss of data, and for the ability to recall data.
- If users are running WINASAP on a Macintosh (Mac), they will need a Windows parallel because WINASAP is Windows-based and will not operate solely on a Mac.
- If running Windows Vista, to access WINASAP, right-click on the WINASAP icon and select Run as Administrator to allow access.

Claims

- To electronically submit claim data to EDI Gateway, users must be enrolled as either a provider or an authorized billing agent for actively enrolled providers. This varies by payer. Users should contact their Medicaid office for more information.
- If a user cancels or exits a claim prior to saving, the claim will be lost. WINASAP does not automatically prompt a user to save the claim.
- Users are recommended to keep claim lists as short as possible by deleting old claims on a regular basis. Maintaining large claim lists will adversely affect software performance and increase error messages.
- A hard copy of an individual claim can be printed by selecting File/Print while the claim is open.

Enrollment/Registration

- During the enrollment process, users must complete an EDI Gateway enrollment form and sign an EDI Trading Partner Agreement if they wish to submit claims electronically. As part of the EDI registration process, EDI Gateway will assign a Trading Partner ID, User Name, and User ID.
- For EDI registration and technical support, users should contact their EDI Support Unit. Users may obtain the EDI enrollment form from www.acs-gcro.com.

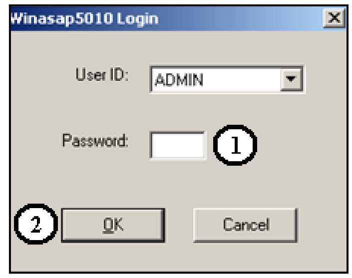
Provider/Patient Information

- Provider and patient information must be entered in the reference database prior to incorporating it into the electronic claim. Procedure, diagnosis, and revenue codes can be entered into reference databases, but they do not have to be entered prior to building a claim. These codes can be entered directly into the Claim screen.
- Generally, all required fields are underlined on the Entry screens; however, a particular claim may require additional information such as a prior authorization number or Passport referral number. This guide identifies all required fields.

Contact

- Questions regarding technical issues pertaining to WINASAP, electronic claims submission, and enrollment should be directed to the EDI call center at 1-800-987-6719.
- Other questions should be directed to Provider Relations at 1-800-624-3958 or 406-442-1837.

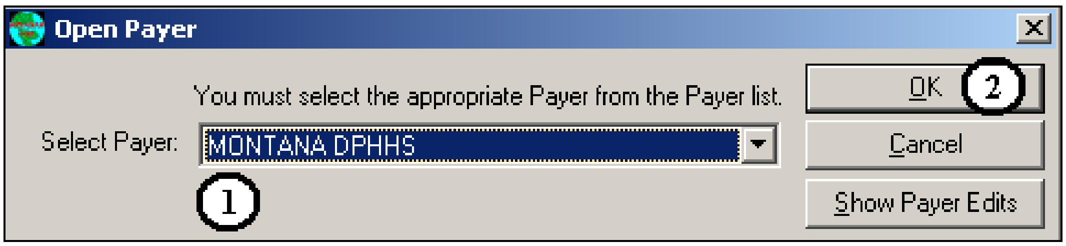
Initial Setup



1. Enter the default password “asap” (not case-sensitive).
2. Click on OK.

At initial setup, WINASAP prompts users to Select Payer.

1. On the pull-down menu, select Montana DPHHS.
2. Click on OK.

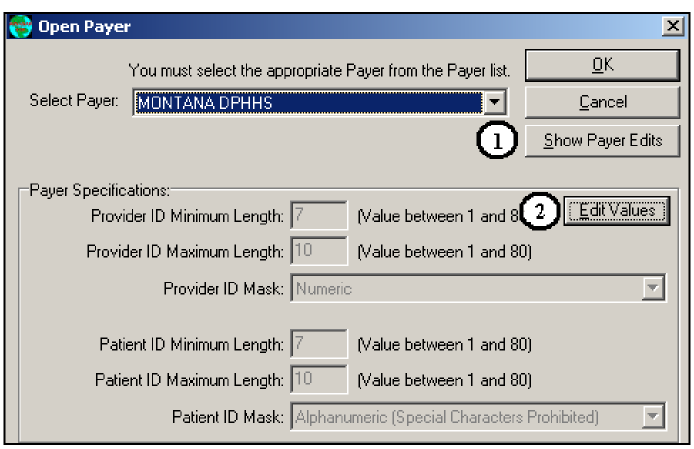


This is a one-time-only setup. Subsequently, each time WINASAP is opened, Montana DPHHS will be set as the payer.

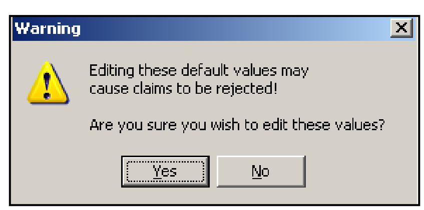
Setting Patient ID Character Length

This step must be completed before patients can be entered in the patient list with either a SSN or a card number.

Under File, select Open Payer.

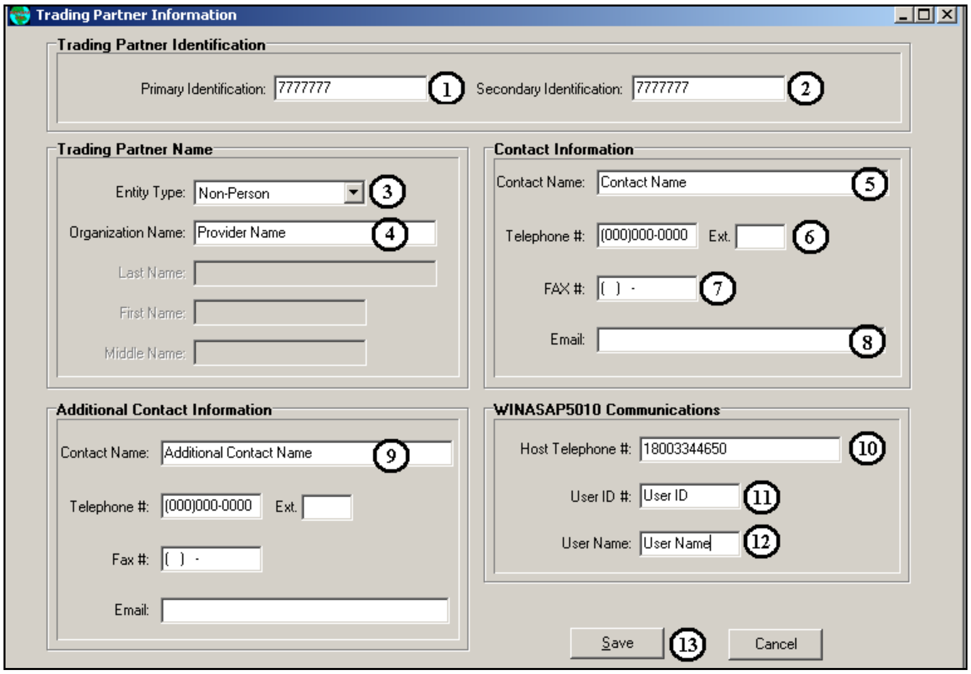


1. Click on the Show Payer Edits button.
2. Click on Edit Values. A warning appears; click Yes.
3. Enter “7” in the Patient ID Minimum Length field.
4. Click on OK.



Trading Partner/Submitter Setup

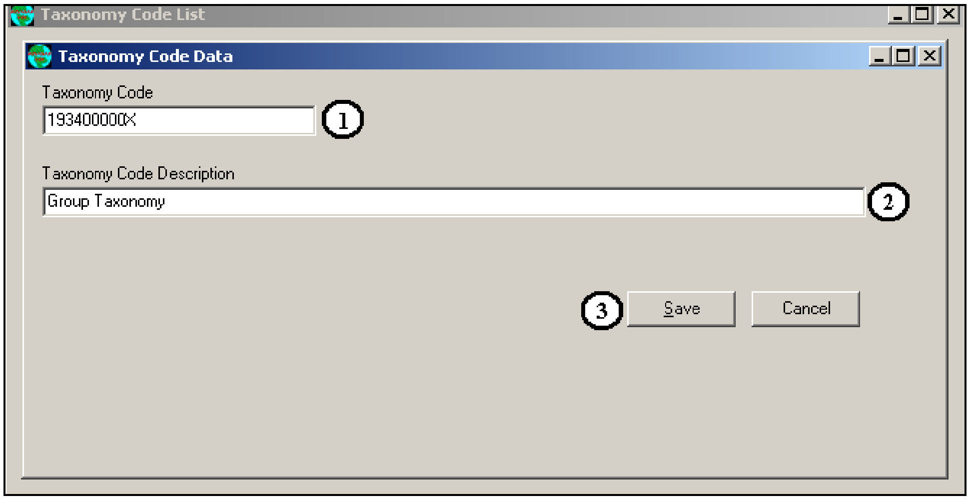
The communications settings for Fields 1, 2, 10, 11, and 12 below can be found on the Welcome Letter sent by EDI. Under the File pull-down menu at the top of the screen, select Trading Partner.



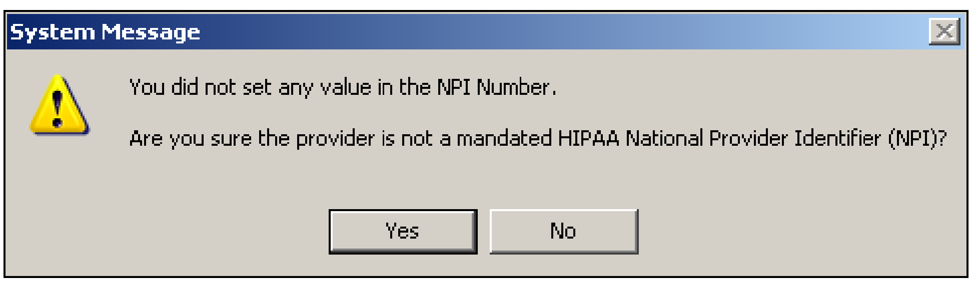
1. Under Primary Identification, users enter their 7-digit Trading Partner/Submitter ID Number assigned by EDI. (Hint: It always begins with 7.)
2. Under Secondary Identification, users enter their 7-digit Trading Partner/Submitter ID Number assigned by EDI. (Hint: It always begins with 7.).
3. On the pull-down menu, select Entity Type, either Person or Non-Person.
4. Enter Organization Name. If Person is selected under Entity Type, enter last name and first name in the appropriate fields. Middle name is optional.
5. Enter the Contact Name (name of billing person).
6. Enter the Telephone Number.
7. Enter the Fax Number (optional).
8. Enter the E-mail address (optional).
9. Enter Additional (secondary) Contact Information (optional).
10. Enter the Host Telephone Number (the 800-number supplied by EDI). If users need to dial a 9 or other number to connect to an outside line, they enter that number followed by a comma (9,) before dialing the rest of the number. The Host Telephone number must not contain any dashes.
11. Enter the User ID # (assigned by EDI). Sometimes referred to as Password.
12. Enter the User Name (assigned by EDI). Sometimes referred to as Login ID.
13. When completed, click on Save.

Entering Taxonomy Codes

Under Reference, select Taxonomy Code. This opens the Taxonomy Code List. Click on Add to add a taxonomy code to the list.

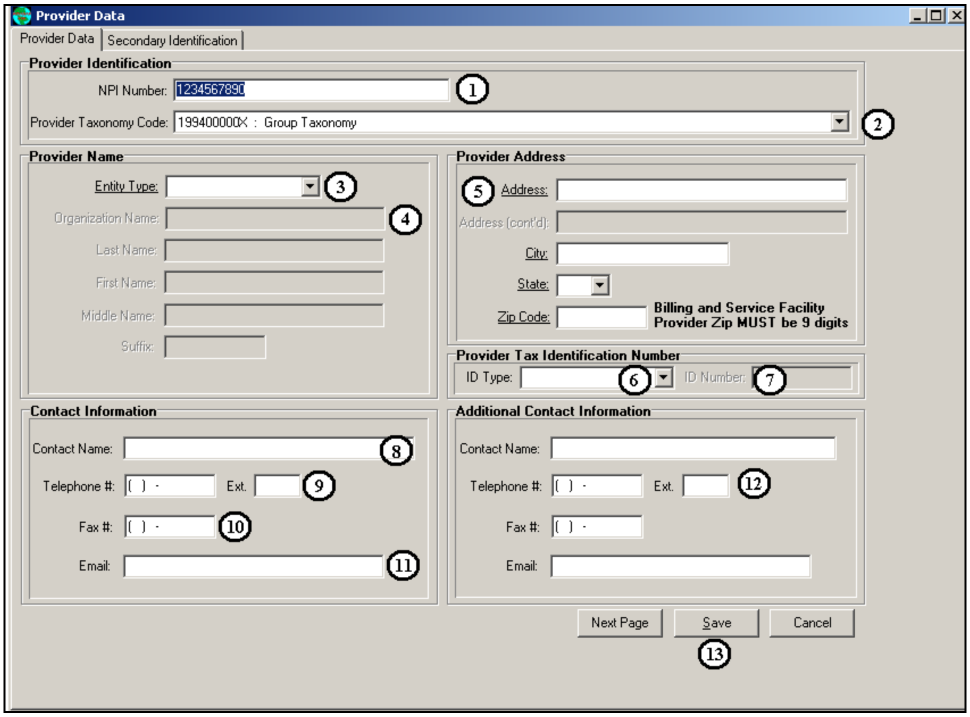


1. Enter the 10-digit alphanumeric Taxonomy Code.
2. Enter a brief description of the Taxonomy Code.
3. Click on Save.
4. A System Message appears. Click on Yes to save the atypical provider number. Once a Taxonomy Code is added, it is available for selection when entering provider data (see next page).



Entering Provider Data (NPI)

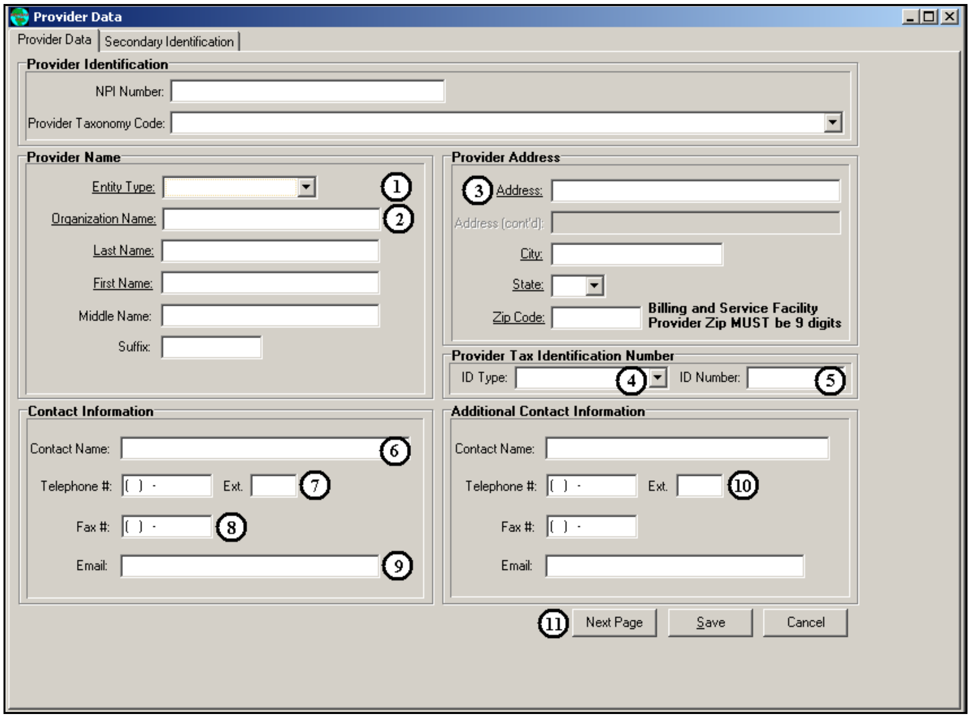
Under the Reference pull-down menu at the top of the screen, select Provider. This opens the Provider list. Click on Add to add a provider to the list.



1. Enter the provider's NPI.
2. In the pull-down menu select the correct provider taxonomy code from the Taxonomy Code Data pull-down menu.
3. On the pull-down menu, select Entity Type, either Person or Non-Person.
4. Enter Organization Name. If Person is selected under Entity Type, enter the Last Name and First Name in the appropriate fields. Middle Name and Suffix are optional.
5. Enter Provider Address (must be physical address, no post office boxes), including City, State, and ZIP code (ZIP + 4).
6. Select ID Type for Provider Tax Identification Number.
7. Enter the provider's Tax ID Number.
8. Enter the Contact Name (name of billing person).
9. Enter the contact Telephone Number.
10. Enter the contact Fax Number (optional).
11. Enter the contact E-mail address (optional).
12. Enter Additional Contact Information (optional).
13. Click on Save. The provider now appears in the provider list. To add additional provider numbers, follow the same instructions.

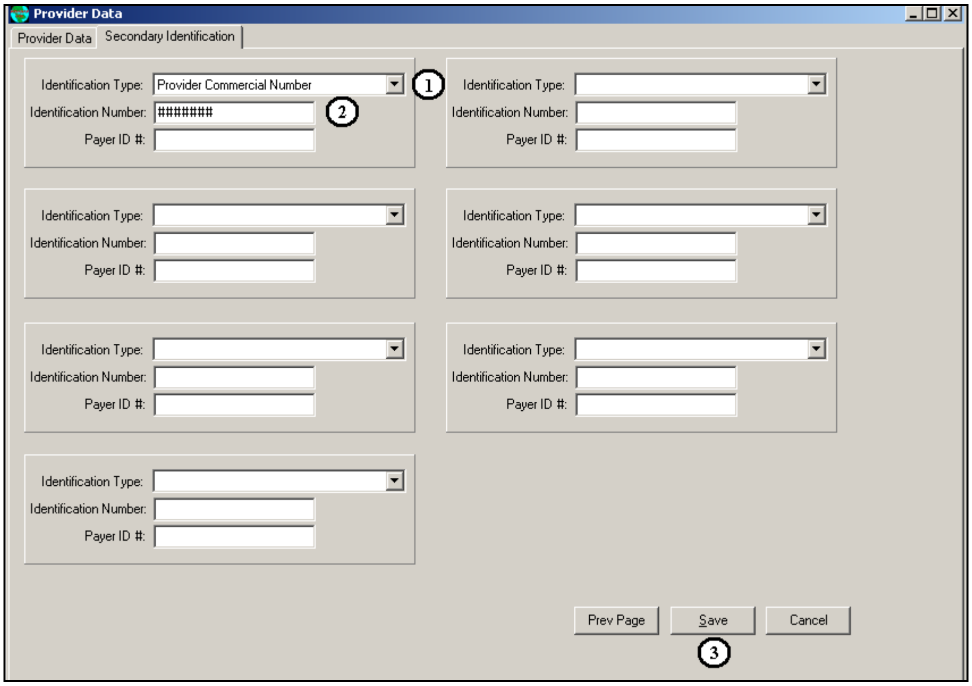
Entering Provider Data (Atypical)

Under the Reference pull-down menu at the top of the screen, select Provider. This opens the Provider List. Click on Add to add a provider to the list.



1. On the pull-down menu, select Entity Type, either Person or Non-Person.
2. Enter Organization Name. If Person is selected under Entity Type, enter the Last Name and First Name in the appropriate fields. Middle Name and Suffix are optional.
3. Enter the Provider Address, including City, State, and ZIP Code (ZIP + 4).
4. Select ID Type for Provider Tax Identification Number.
5. Enter the provider’s Tax ID Number.
6. Enter the Contact Name (name of billing person).
7. Enter contact Telephone Number.
8. Enter contact Fax Number (optional).
9. Enter contact E-mail address (optional).
10. Enter Additional Contact Information (optional).
11. Click on Next Page.

Secondary Identification

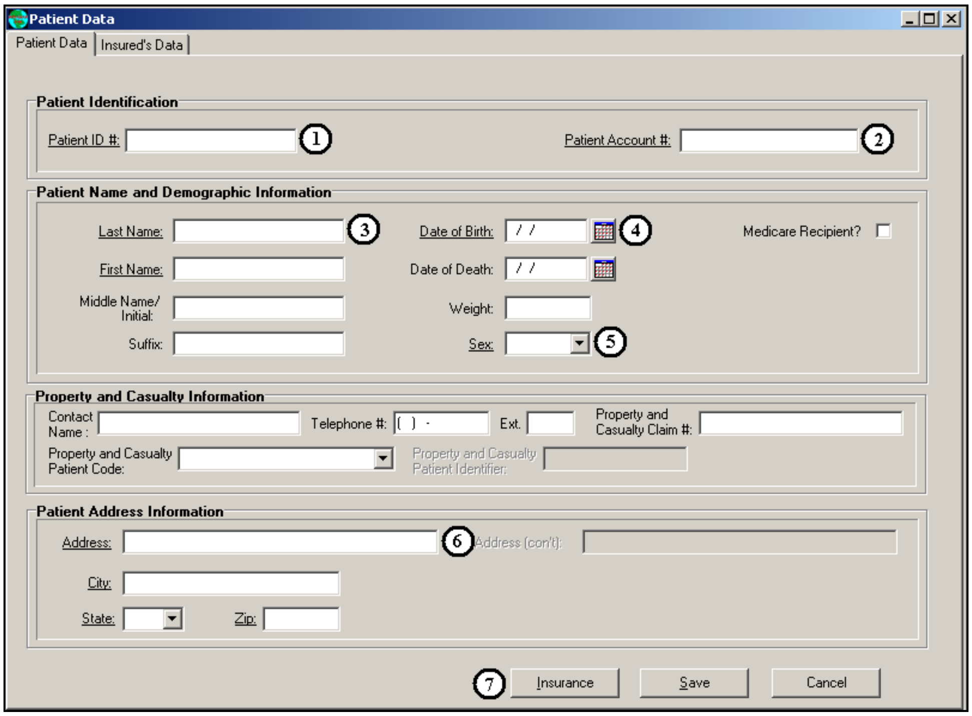


1. Under Identification Type, select Provider Commercial Number.
2. In the Identification Number field, enter the provider's 7-digit Montana Medicaid Provider Number.
3. Click on Save. The provider now appears in the provider list. To add additional provider numbers, follow the same instructions.

Entering Patient Data

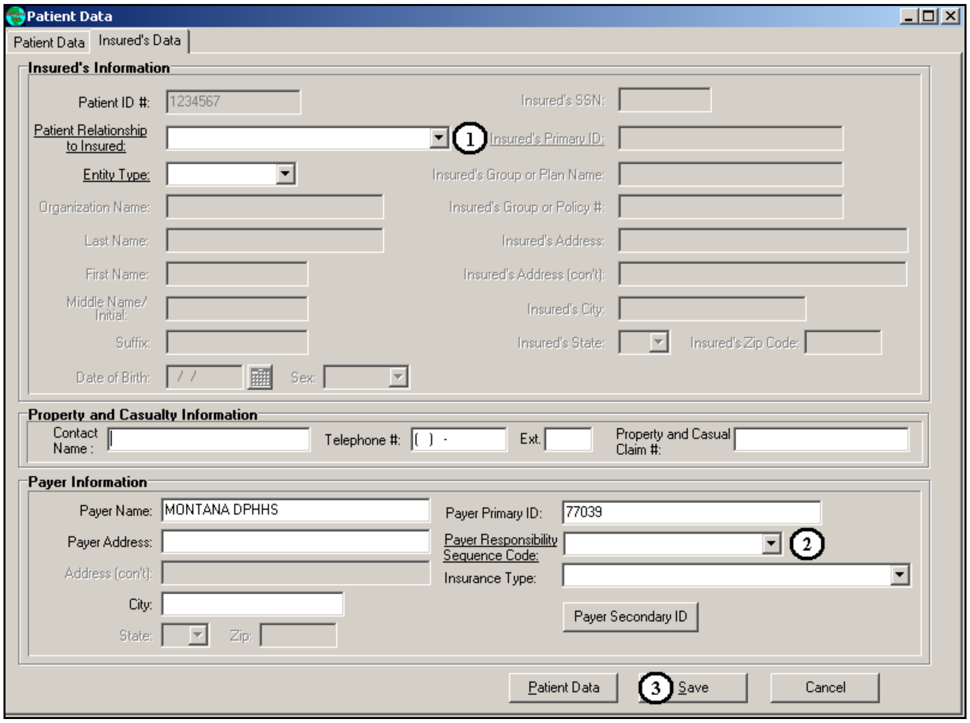
Under the Reference pull-down menu at the top of the screen, select Patient. This opens the Patient List. Click on Add to add a patient to the list.

Patient Data



1. Enter the Patient ID Number. This is a 7- or 9-digit number, usually the client's Social Security number.
2. Enter the Patient Account Number. If users do not assign patient account numbers, enter the Client ID number. **Do not leave blank.**
3. Enter the patient's last name and first name in appropriate fields. Middle Name/Initial and Suffix are optional.
4. Enter patient's Date of Birth (mm/dd/ccyy).
5. On the pull-down menu, select the patient's Sex.
6. Enter patient's address, including City, State, and ZIP Code (ZIP + 4). Telephone Number is not required.
7. Click on Insurance to go to the second screen. If the error for invalid length of the Patient ID appears, the length of an acceptable Patient ID can be modified under File/Payer/Show Payer Edits.

Insured's Data



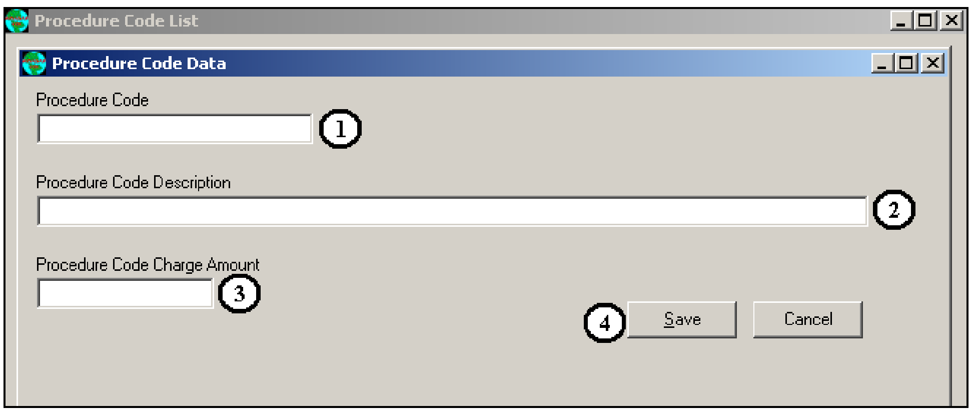
1. In the pull-down menu, select Self. This automatically populates the appropriate fields in the upper section of the screen. DPHHS clients are **always** Self.
2. In the Payer Responsibility Sequence Code pull-down menu, indicate whether Medicaid is primary, secondary, or tertiary.
3. Click on Save. The patient now appears on the patient list and will be available when building a claim. Add additional patients using these same instructions.

Entering Procedure, Diagnosis, and Revenue Codes

Unlike provider and patient data, procedure codes, diagnosis codes, and revenue codes do not have to be entered into the reference databases prior to incorporating them into a claim. These codes can be entered directly into the Claim Entry screen.

Under the Reference pull-down menu at the top of the screen, select Procedure Code. This opens the Procedure Code List. Click on Add to add a procedure code to the list.

Procedure Code Data

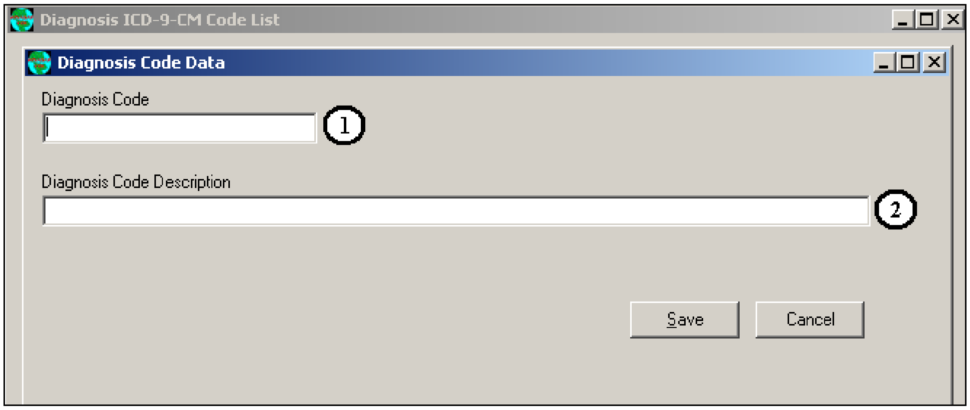


1. Enter the HCPCS code. Do not add code modifiers here.
2. Enter a description of the procedure/service.
3. Enter the charge amount with 2-digit decimal. If the charge is variable, do not enter the charge amount. Charges can be entered manually in the Claim Entry screen.
4. Click on Save.

The procedure code now appears on the Procedure List. Add additional procedure codes using the same instructions.

Under the Reference pull-down menu at the top of the screen, select Diagnosis. This opens the Diagnosis Code List. Click on Add to add a diagnosis code to the list. Enter ICD-9. ICD-10 Codes will not be used until October 2013.

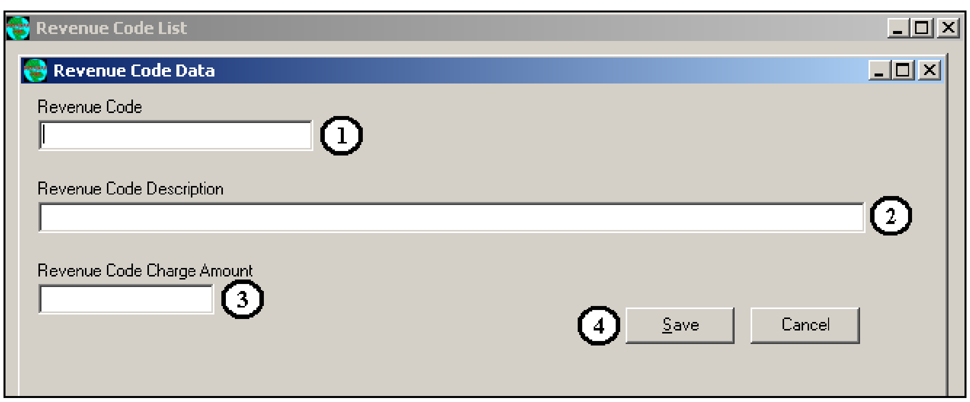
Diagnosis Code Data



1. Enter the Diagnosis Code. Users will not see the decimal, but it is recognized to follow after the third digit (e.g., 12310 = 123.10).
2. Enter a Diagnosis Code Description.
3. Click on Save. The diagnosis code now appears on the Diagnosis Code List. Add additional diagnosis codes using the same instructions.

Under the Reference pull-down menu at top of screen, select Revenue Code. This opens the Revenue Code List. Click on Add to add a revenue code to the list.

Revenue Code Data

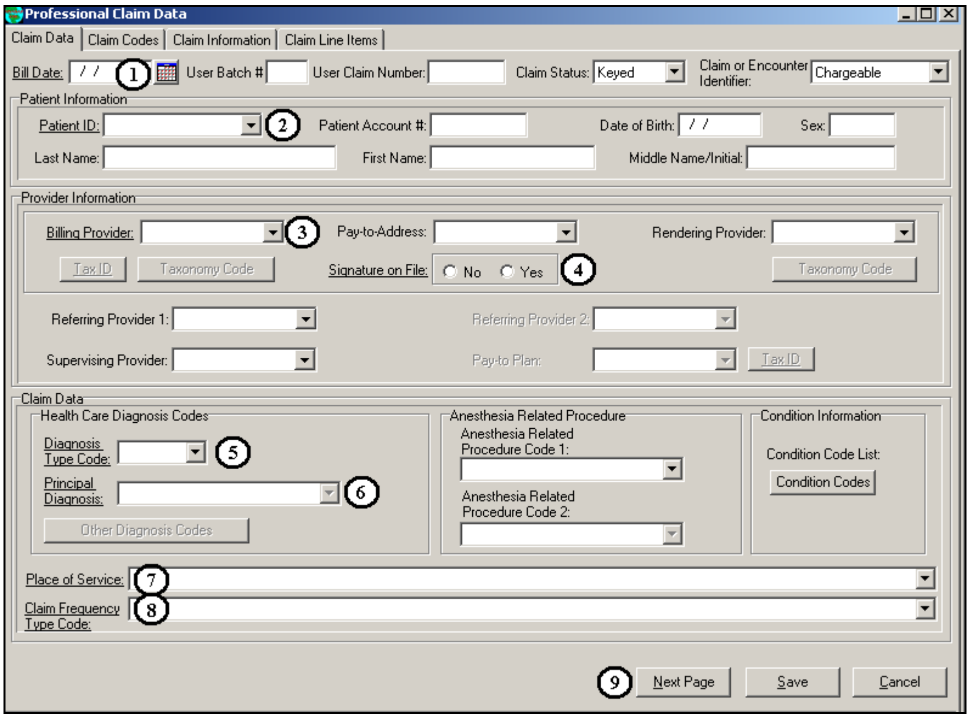


1. Enter the Revenue Code.
2. Enter the Revenue Code Description.
3. Enter the Revenue Code Charge Amount with a 2-digit decimal. If the charge is variable, do not enter the charge amount. Charges can be entered manually in the Claim Entry screen.
4. Click on Save. The revenue code now appears on the Revenue Code List. Add additional revenue codes using the same instructions.

Creating a Professional Claim (CMS-1500 Format)

Under the Claims pull-down menu at the top of the screen, select Professional. This opens the Professional Claim List. Click on Add to add a professional claim to the list.

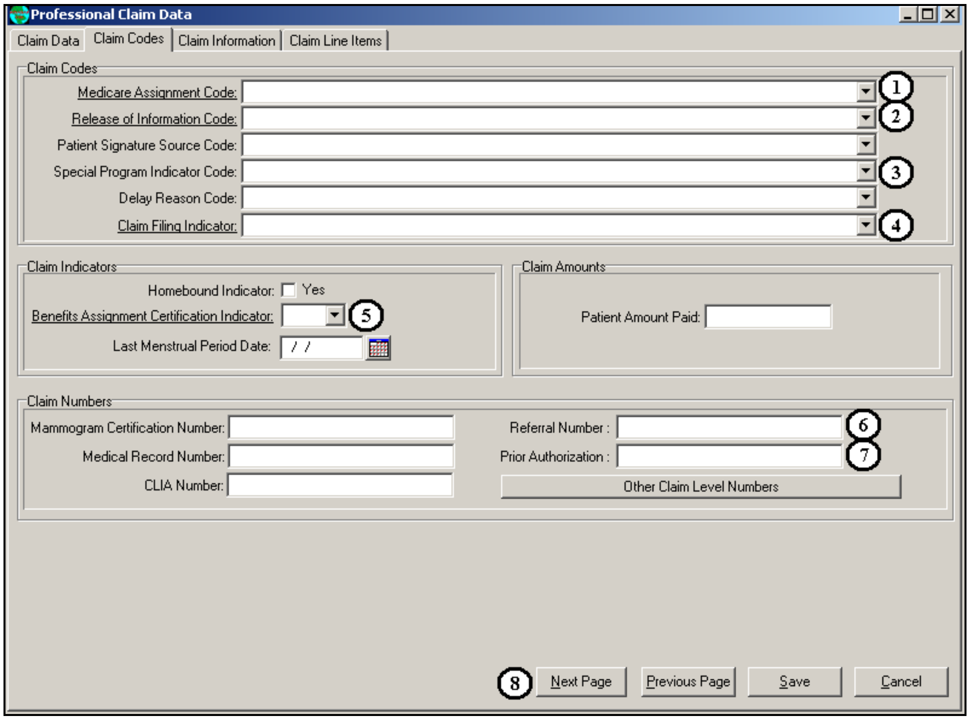
Claim Data



1. Enter the Bill Date (mm/dd/ccyy). Press the F5 key to enter the current date.
2. Use the pull-down menu to access the Patient List; select Patient ID Number.
3. Use the pull-down menu to access the Provider List; select the Billing Provider ID Number.
4. In the Signature on File field, choose the Yes option.
5. Select Diagnosis Type Code (ICD-9). ICD-10 will not be used until October 2013.
6. Enter the diagnosis code by keying in the diagnosis code or accessing the Diagnosis Code List using the pull-down menu. For diagnosis codes with fourth or fifth digits, the decimal point is not visible, but WINASAP recognizes it between the third and fourth digits. To enter additional diagnosis codes, click Other Diagnosis Codes.
7. Under the pull-down menu, select the Place of Service.
8. Under the pull-down menu, **always** select 1: Original (Admit thru Discharge Claim).
9. Click on Next Page.

Claim Status automatically defaults to Keyed. This status changes once the claim is successfully submitted. If billing a Rendering Provider, add the Provider Data in the Provider List following the previously stated instructions and select the appropriate Provider from the pull-down menu.

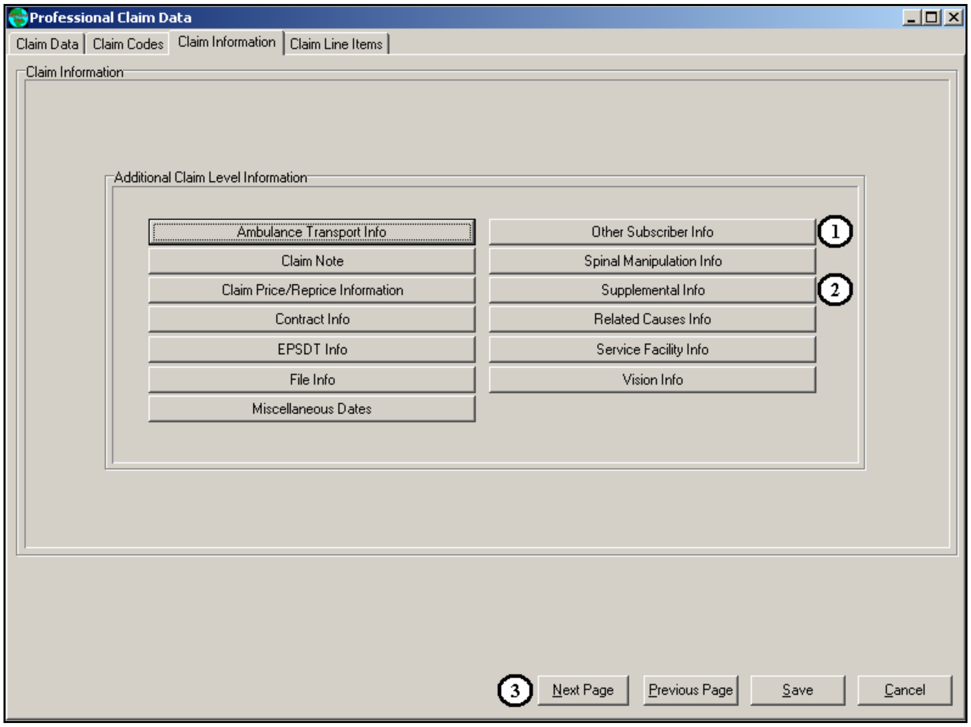
Claim Codes



1. If known, select the appropriate Medicare Assignment Code from the pull-down menu. If unknown, select Not Assigned. This is the recommended default. **This is a HIPAA-required field.**
2. Under the pull-down menu, users select the entry that best reflects their office protocol regarding release of information. **This is a HIPAA-required field.**
3. (Optional) To indicate EPSDT at the claim level, select EPSDT on the pull-down menu.
4. Under the pull-down menu, **always** select Medicaid.
5. From the pull-down menu, select Yes for the Benefits Assignment Certification Indicator.
6. If the claim requires a Passport Referral Number, enter it here.
7. If the claim requires a Prior Authorization Number, enter it here.
8. Click on Next Page.

Claim Information

In most cases, there are no required fields on this screen; however, there are two fields that *may* be required for the claim.



Other Subscriber Info (1) can be entered if the patient has additional insurance (TPL) that pays primary to Medicaid.

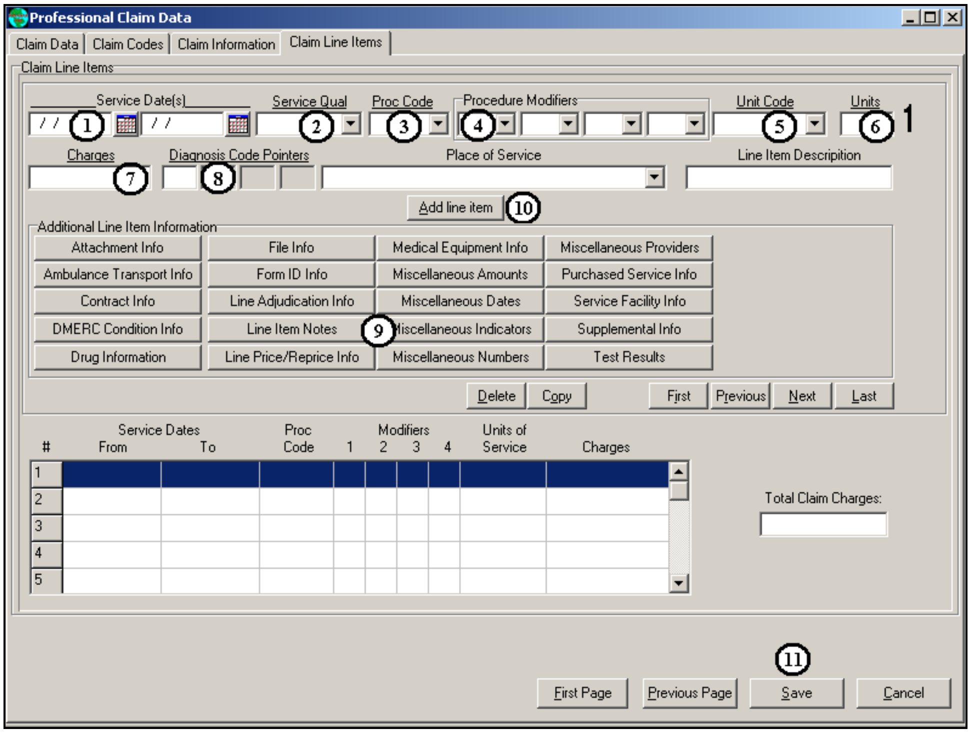
Supplemental Info (2) can be used to indicate that a paperwork attachment to the electronic claim has been sent by mail, or to reference a blanket denial letter on file in the Third Party Liability Unit.

Specialized instructions for these fields can be found in Appendices A, B, and C.

1. To enter TPL information, click on Other Subscriber Info.
2. To enter paperwork attachment information, click on Supplemental Info.
3. Click on Next Page.

Claim Line Items

The number in the upper right corner of this screen indicates which line is being entered. As each line is added, this number changes. The total claim charges appear in the box on the lower left. WINASAP can accommodate up to 39 line items in a single claim.

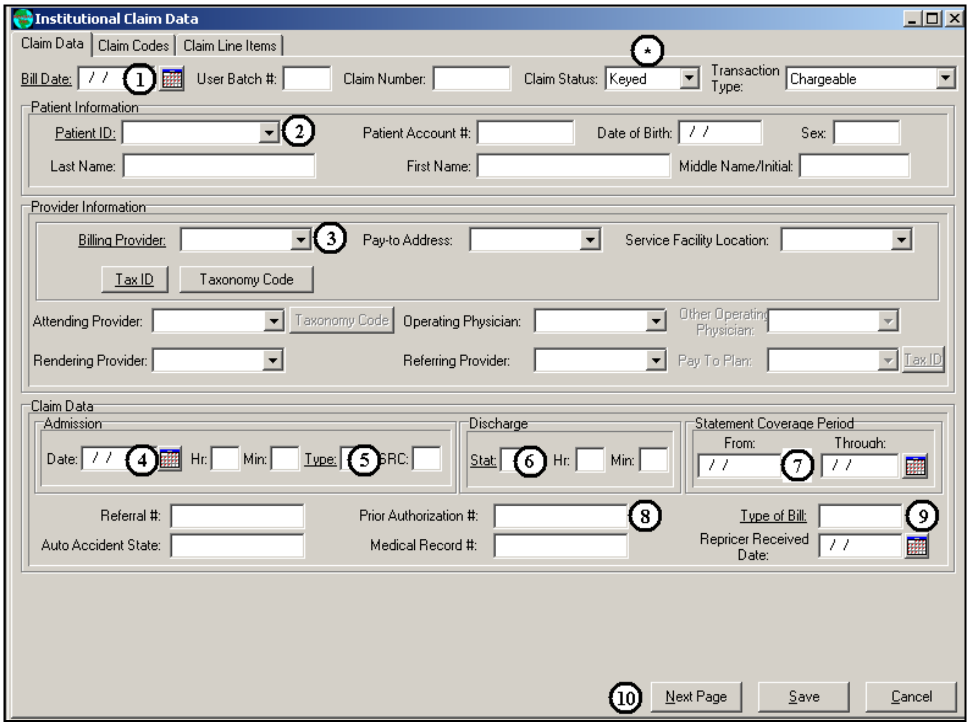


1. Enter the Service Dates (mm/dd/ccyy). If a single date of service, enter the date in both fields.
2. Under the pull-down menu, **always** select HCPCS.
3. Enter the HCPCS procedure/service code. Either key in the code or access the Procedure Code list using the pull-down menu.
4. Enter up to four Procedure Modifiers.
5. Under the pull-down menu, **always** select Unit.
6. Enter the number of units being billed.
7. Enter the Charges. If the procedure code was previously entered into the Reference database with the corresponding per unit charge, WINASAP automatically calculates the charge.
8. Enter the Diagnosis Code Pointers.
9. To indicate EPSDT, Family Planning, or both, click on Miscellaneous Indicators. Check Yes under Other Indicators/Was the service the result of a screening referral? To indicate Family Planning, select Yes under Family Planning. For both, select Yes for both. (The pregnancy indicator is on the Claim Codes screen under Claim Indicators).
10. Click on Add Line Item. Repeat steps above to add additional lines.
11. When all line items have been entered, click on Save.

Creating an Institutional Claim (UB-04 Format)

Under the Claims pull-down menu at the top of the screen, select Institutional. This opens the Institutional Claim List. Click on Add to add a new claim to the list.

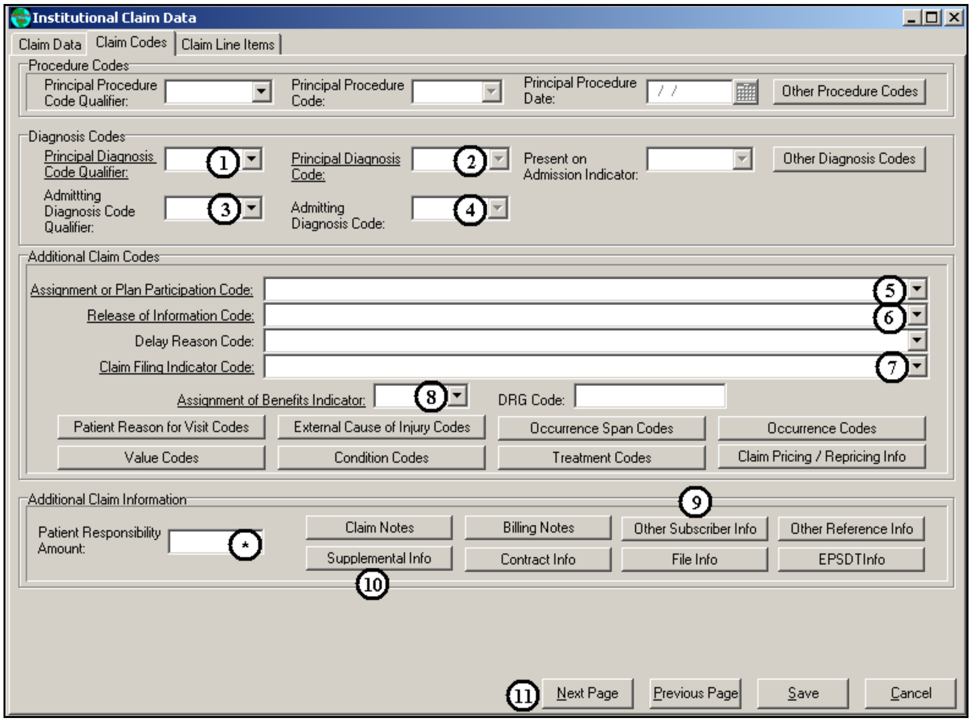
Claim Data



*Claim Status automatically defaults to Keyed. This status changes once the claim is successfully submitted.

1. Enter the Bill Date (mm/dd/ccyy). Press the F5 key to enter the current date.
2. Use the pull-down menu to access the Patient list; select the Patient ID Number.
3. Use the pull-down menu to access the Provider list; select the Billing Provider ID Number.
4. Enter the Admission Date.
5. Enter the Admission Type.
6. Enter the Discharge Status. Refer to the UB-04 Instructions for valid status codes.
7. Enter the Statement Coverage Period dates.
8. If required, enter the Prior Authorization Number.
9. Enter the Type of Bill.
10. Click on Next Page.

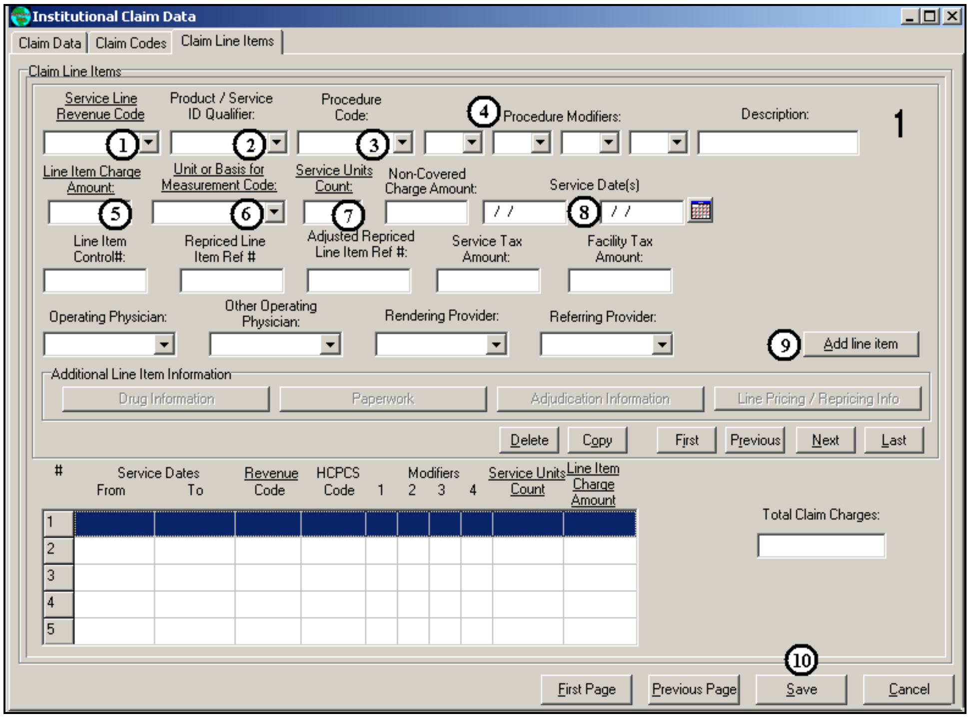
Claim Codes



* Personal Resource Amounts can be entered in Patient Responsibility Amount.

1. Select the Principal Diagnosis Code Qualifier from the pull-down menu.
2. Enter the Principal Diagnosis Code either manually or from the pull-down menu (if previously saved in WINASAP5010). For diagnosis codes with fourth or fifth digits, the decimal point will not be visible; however, WINASAP will recognize that is lies between the third and fourth digits.
3. Select the Admitting Diagnosis Code Qualifier from the pull-down menu.
4. Enter the Admitting Diagnosis Code either from the pull-down menu (if previously saved in WINASAP5010) or enter it manually (for diagnosis codes with fourth or fifth digits, the decimal point will not be visible; however, WINASAP recognizes that is lies between the third and fourth digits).
5. If known, select the appropriate Assignment or Plan Participation Code from the pull-down menu. If unknown, select Not Assigned. This is the recommended default.
6. Under the pull-down menu, users select the entry that best reflects their office protocol regarding Release of Information.
7. Under the Claim Filing Indicator Code pull-down menu, **always** select Medicaid.
8. Under the Assignment of Benefits Indicator, select Yes from the pull-down menu.
9. If there is TPL that pays primary to Medicaid, click on Other Subscriber Info to enter the TPL information (See Appendix A).
10. Click on Supplemental Info to indicate that a paperwork attachment to the electronic claim has been sent by mail or fax, or to reference a blanket denial letter on file with the Third Party Liability Unit (See Appendix B).
11. Click on Next Page.

Claim Line Items



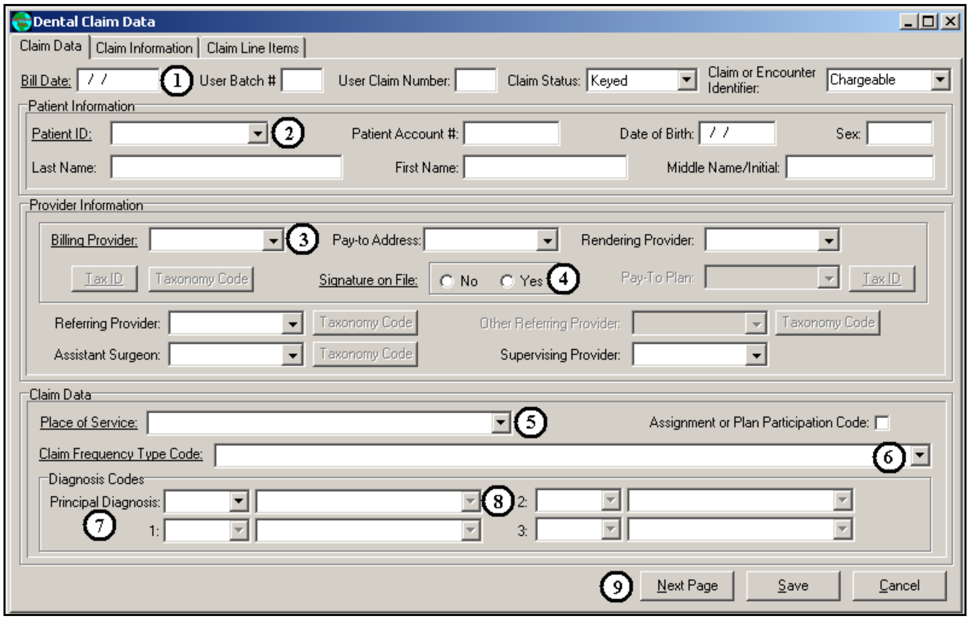
1. Enter the Service Line Revenue Code or select it from the pull-down menu if it has been previously saved in WINASAP.
2. Select HCPCS from the Product/Service ID Qualifier pull-down menu.
3. Enter the Procedure Code or select it from the pull-down menu if it has been previously saved in WINASAP.
4. Enter up to four Procedure Modifiers.
5. Enter the Line Item Charge Amount.
6. Under the Unit or Basis of Measurement Code pull-down menu, **always** select Unit.
7. In the Service Units Count field, enter the number of units being billed.
8. Enter the Service Dates.
9. Click on Add Line Item. Repeat these steps for additional line charges.
10. When all the lines have been entered, click on Save.

The claim now appears in the Institutional Claim List window. Add additional claims using these same instructions.

Creating a Dental Claim

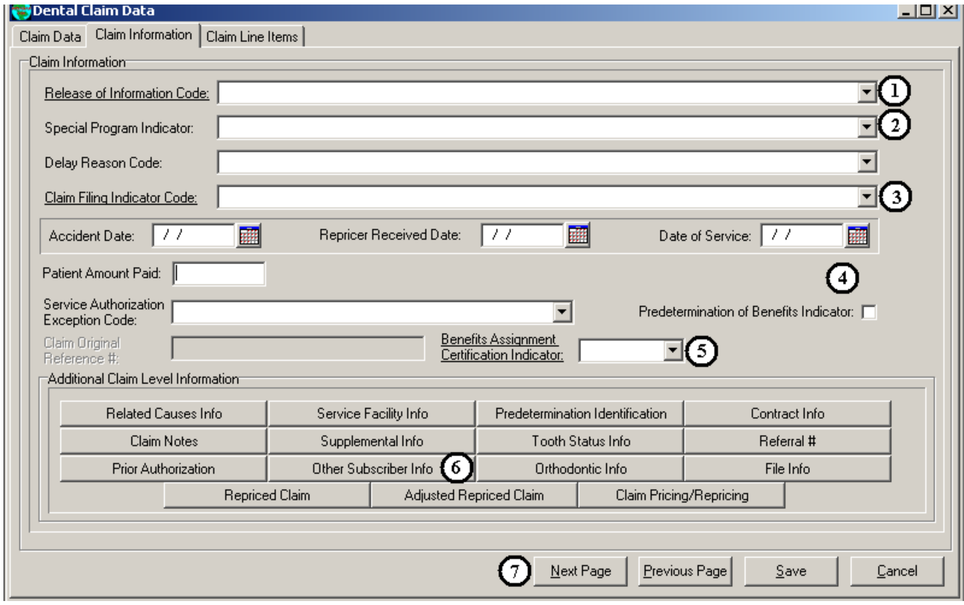
Under the Claims pull-down menu at the top of the screen, select Dental. This opens the Dental Claim List. Click on Add to add a dental claim to the list.

Claim Data



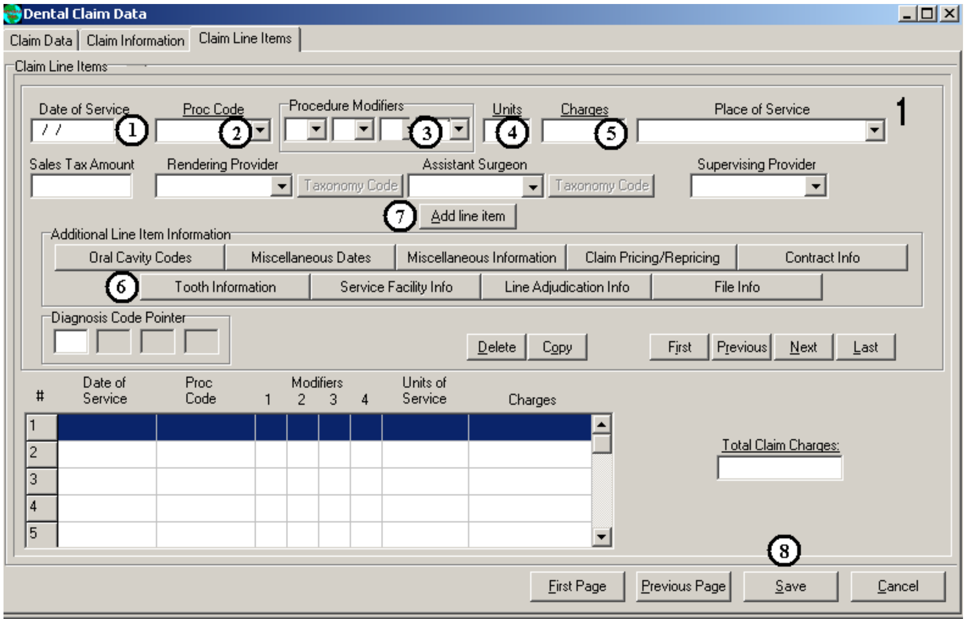
1. Enter the Bill Date (mm/dd/ccyy). Press the F5 key to enter the current date.
2. Use the pull-down menu to access the Patient list; select Patient ID Number.
3. Use the pull-down menu to access the Provider list; select the Billing Provider ID Number.
4. In the Signature on File field, choose Yes.
5. Under the Place of Service pull-down menu, select the place of service.
6. Under the Claim Frequency Type Code pull-down menu, **always** select 1: Original (Admit thru Discharge Claim).
7. Under the Principal Diagnosis pull-down menu, select the principal diagnosis code qualifier.
8. Enter the principal diagnosis code either manually or from the pull-down menu if previously saved in WINASAP5010). For diagnosis codes with fourth or fifth digits, the decimal point will not be visible; however, WINASAP recognizes that is lies between the third and fourth digits.
9. Click on Next Page.

Claim Information



1. **This is a HIPAA-required field.** Under the pull-down menu, users select the entry that best reflects their office protocol regarding release of information.
2. This is optional. To indicate EPSDT at the claim level, select EPSDT on the pull-down menu.
3. Under the pull-down menu, **always** select Medicaid.
4. Enter the first Date of Service.
5. From the Benefits Assignment Certification Indicator pull-down menu, select Yes.
6. If COB, click on Other Subscriber Info, and follow instructions in Appendix A.
7. Click on Next Page.

Claim Line Items

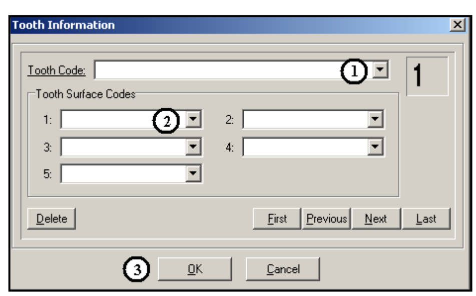


1. If you have another Date of Service (a date that differs from the Date of Service entered on the previous page) enter the Date of Service (mm/dd/ccyy). If the Date of Service is the same as the previous page, leave this space blank.
2. Enter the CDT Procedure/Service Code. Either key in the code or access the Procedure Code List using the pull-down menu.
3. Enter up to 4 Procedure Modifiers.
4. Enter the number of Units being billed.
5. Enter the Charges. If the procedure code was previously entered into the Reference database with the corresponding per unit charge, WINASAP will automatically calculate the charge.
6. If applicable, click on Tooth Information to enter the tooth information related to the line charge. See below for Tooth Information data entry instructions.
7. Click on Add Line Item. Repeat steps above to add additional lines.
8. When all line items have been entered, click on Save.

The claim now appears on the Dental Claim List. Add additional claims using the same instructions.

Tooth Information

1. Under the Tooth Code pull-down menu, select the code.
2. Under the Tooth Surface Codes pull-down menus, select the codes.
3. When completed, click on OK.

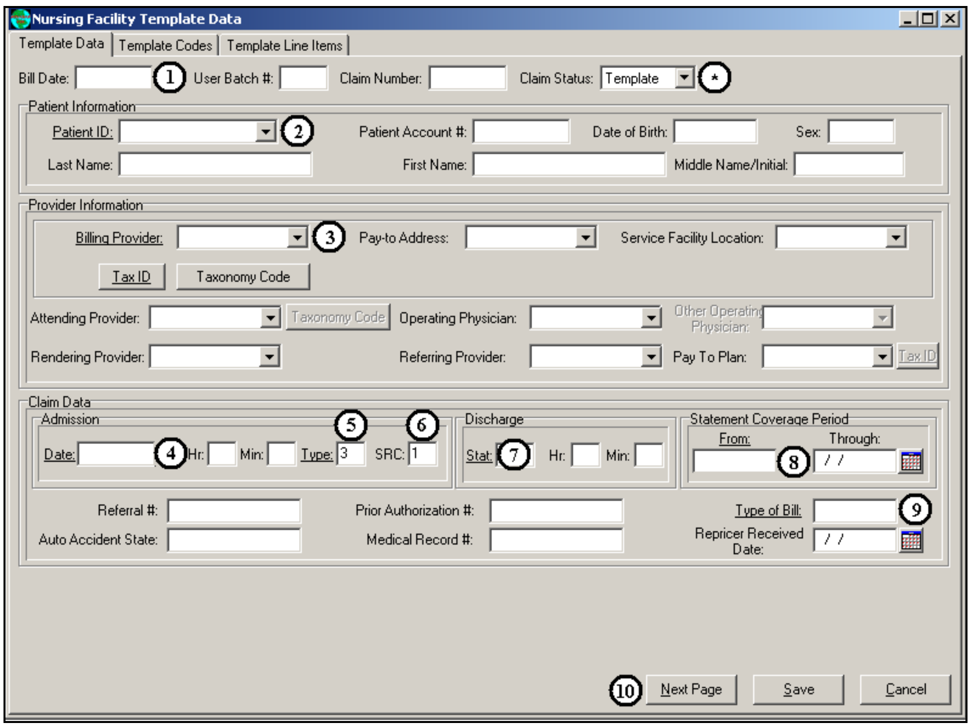


Creating a Nursing Facility Claim Template (UB-04 Format)

Nursing facility claims use a template to expedite ongoing monthly billing. Once a template is created for each resident, subsequent claims are created by entering the billing month. WINASAP automatically generates a new claim for each resident.

Under the Claims pull-down menu at the top of the screen, select Nursing Facility, then Nursing Facility Template. This opens the Nursing Facility Template List. Click on Add to add a template to the list. Like all WINASAP electronic claims, patient and provider data must be entered prior to creating a template or claim. Since this a claim template, many of the date fields are left blank, but will be filled automatically when creating claims.

Template Data



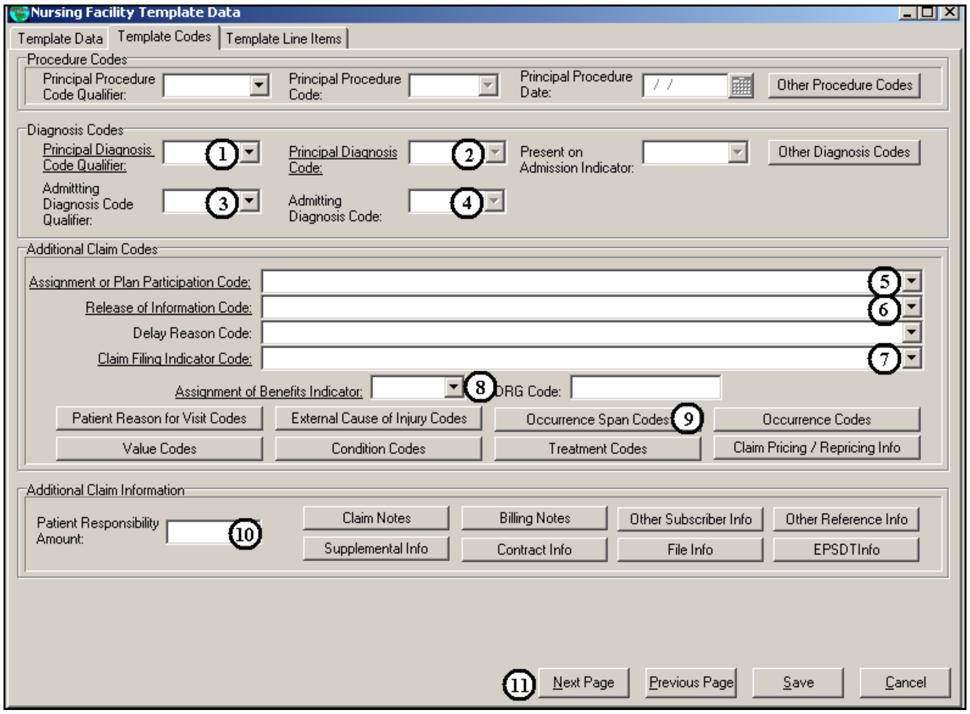
1. Select the Bill Date. Press the F5 key to enter the current date.

* Claim Status reads as Template.

2. Select the Patient ID from the Patient ID pull-down menu.
3. Select the Provider ID from the Billing Provider pull-down menu.
4. Enter the Admission Date (mm/dd/ccyy).
5. Enter the Admission Type Code. See the UB-04 manual.
6. Enter the Admission Source Code. See the UB-04 manual.
7. Enter the Discharge Status.

8. Enter the Statement Coverage from Date (enter Admission Date mm/dd/ccyy).
9. Enter the Type of Bill.
10. Click on Next Page.

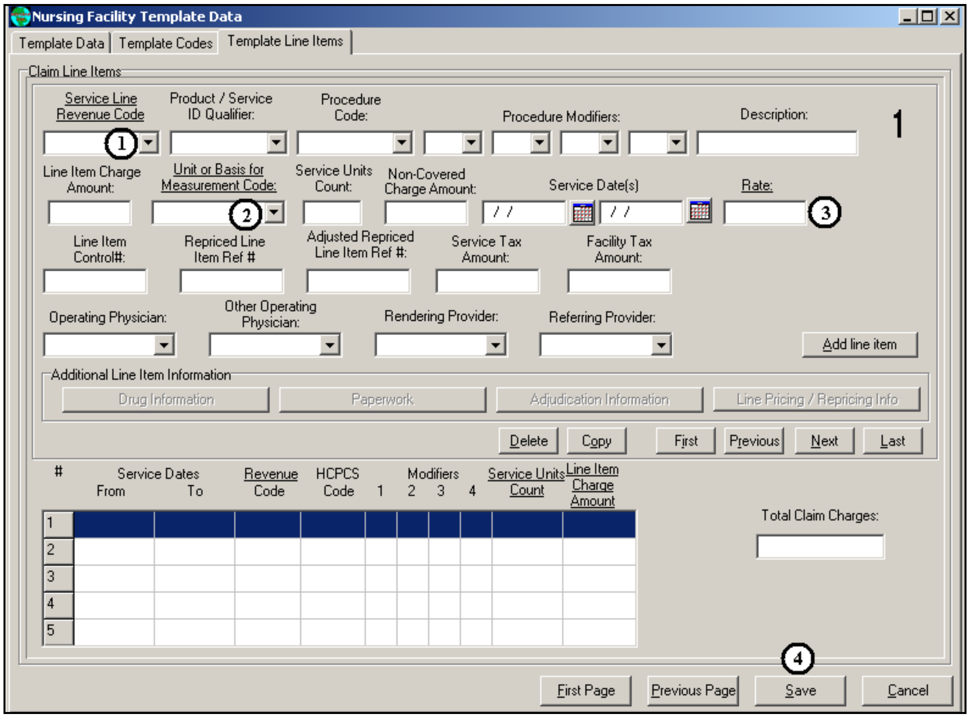
Template Codes



1. Enter the Principal Diagnosis Code Qualifier.
2. Enter the Principal Diagnosis Code. Users will not see the decimal, but it is recognized to follow after the third digit (e.g., 12310 = 123.10).
3. Enter the Admitting Diagnosis Code Qualifier.
4. Enter Admitting Diagnosis Code. Users will not see the decimal, but it is recognized to follow after the third digit (e.g., 12310 = 123.10).

5. If known, select the appropriate Medicare Assignment Code from the pull-down menu. If unknown, select Not Assigned. This is the recommended default. **This is a HIPAA-required field.**
6. Select the Release of Information Code from the pull-down menu.
7. Under Claim Filing Indicator Code, select Medicaid from the pull-down menu.
8. Select an Assignment of Benefits Indicator.
9. Click on the Occurrence Span Codes button to change level of care from 2 (intermediate) to 1 (skilled). See the following page.
10. Enter the personal resources amount in the Patient Responsibility Amount field.
11. Click on Next Page.

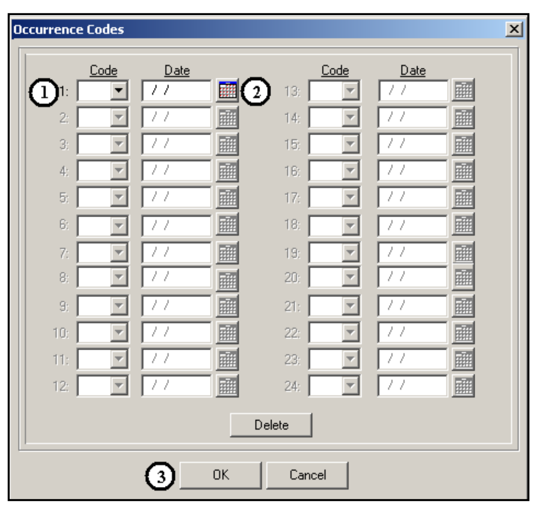
Template Line Items



1. In the Service Line Revenue Code field enter 160. Either key in the amount or access the Revenue Code List using the pull-down menu.
2. In the Unit or Basis for Measurement Code field, select Days from the pull-down menu.
3. Enter the Daily Rate.
4. Click on Save.

There are no required fields on the Claim Home Health Data screen. The claim now appears on the Nursing Facility Template List. Add additional templates using the same instructions.

Occurrence Codes



The levels of care are Level of Care 1 = Skilled and Level of Care 2 = Intermediate. The default level of care is Level 2 – No action necessary.

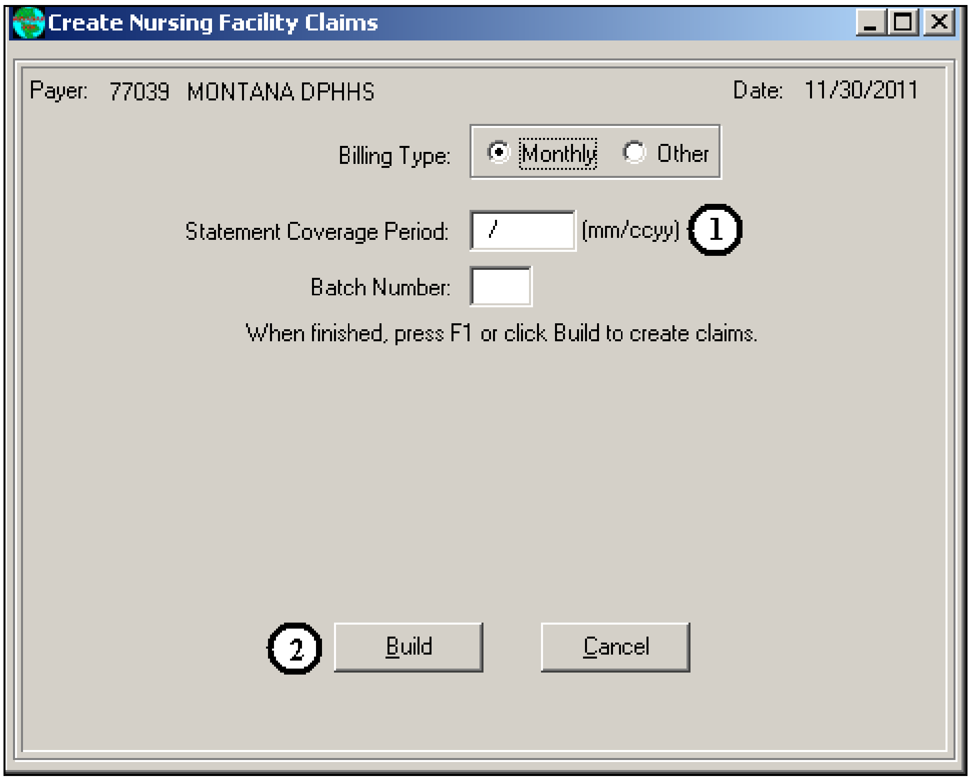
To indicate Level of Care 1:

1. Enter 70 in the Code field.
2. Enter the Date.
3. Click on OK.

Creating a Nursing Home Claim from the Template List

Under the Tools pull-down menu, select Create Nursing Facility Claims.

Create Nursing Facility Claims



1. Enter month and year (mm/ccyy) in the Statement Coverage Period field.
2. Click on the Build button.

WINASAP generates a claim for each Nursing Facility template for the month entered.

To make changes to claims, open the Nursing Facility Claims List under the Claims pull-down menu. Users select the claim they wish to change, make any changes, and click on Save.

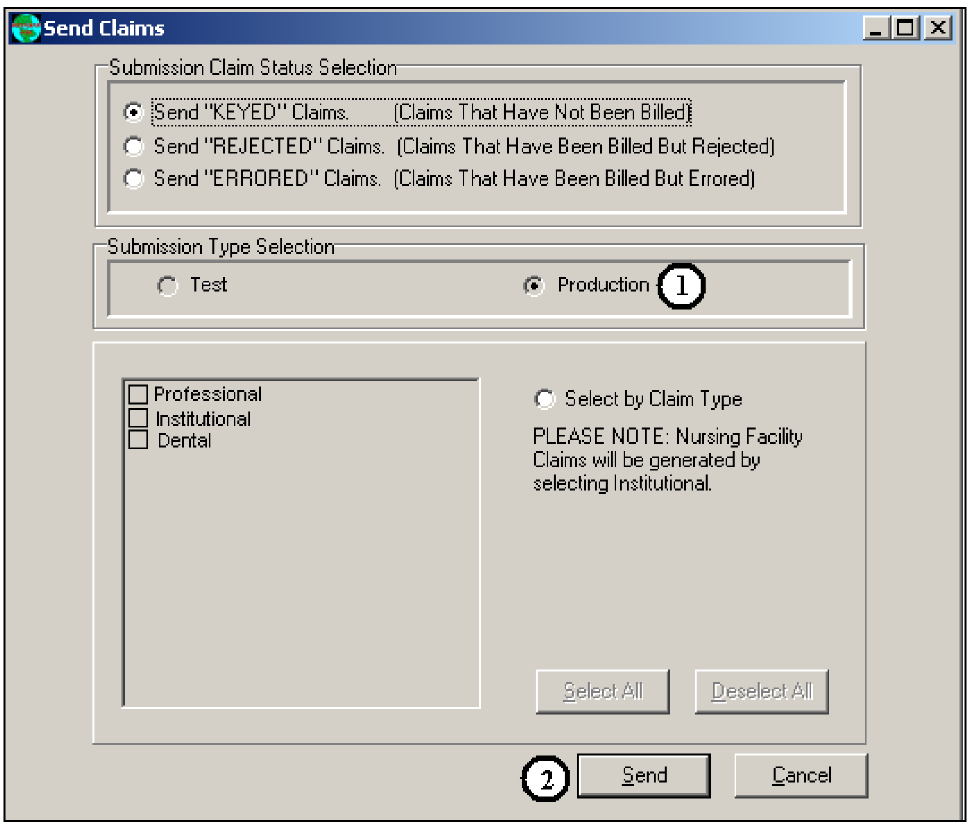
Submitting Claims

Under the Tools pull-down menu at the top of the screen, select Send Claim File. It is not necessary for users to select by claim type unless they wish to send different claim types in separate batches.

All Claim Lists must be closed.

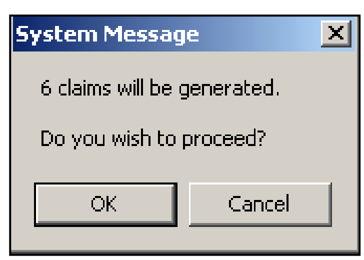
If users want to test the process before submitting claims for processing, they use the Test indicator. **Claims submitted under the Test indicator will not be processed for payment.**

Send Claims



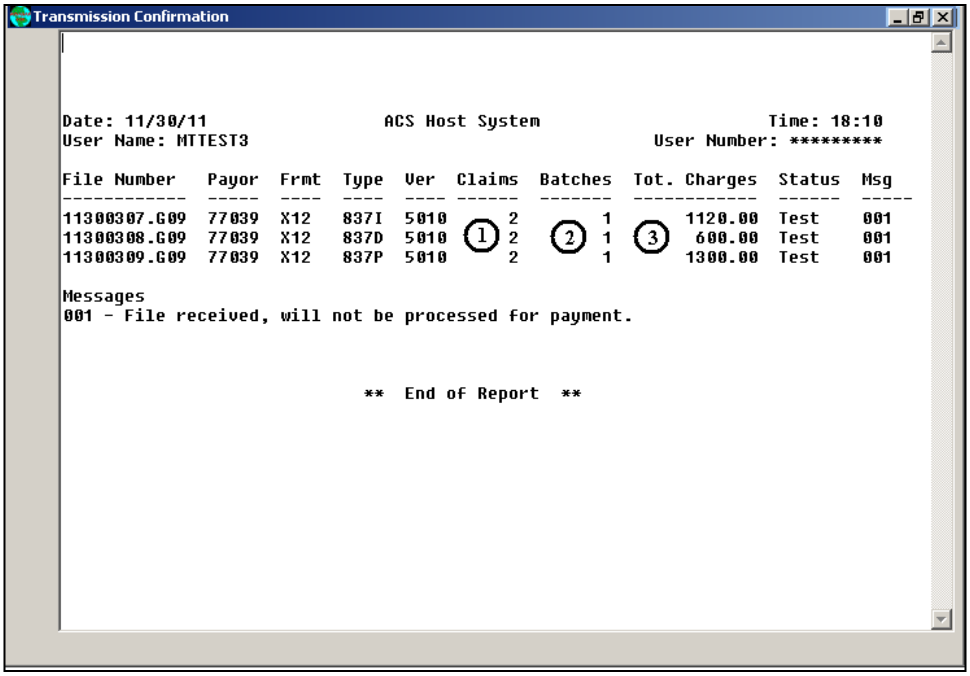
The default is set at Send Keyed Claims. (Claims that have not been billed.)

1. Click on Production. Subsequently each time this screen is opened, it will be set to Production.
2. Click on Send. A System Message appears, indicating how many claims will be generated within this submission or batch. Click on OK to send the claims. WINASAP begins the submission process.



Transmission Confirmation

Following transmission, users receive a confirmation message similar to the one below.



The Receipt Complete screen gives the submitter feedback regarding the submission.

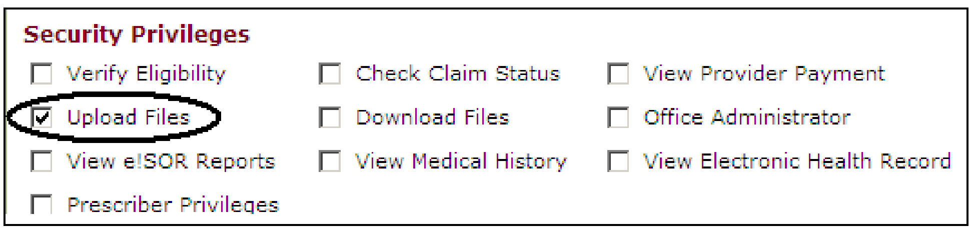
1. The number of Claims submitted within the batch.
2. The total number of Batches.
3. The total amount of Charges.

This screen can be printed and saved for verification purposes.

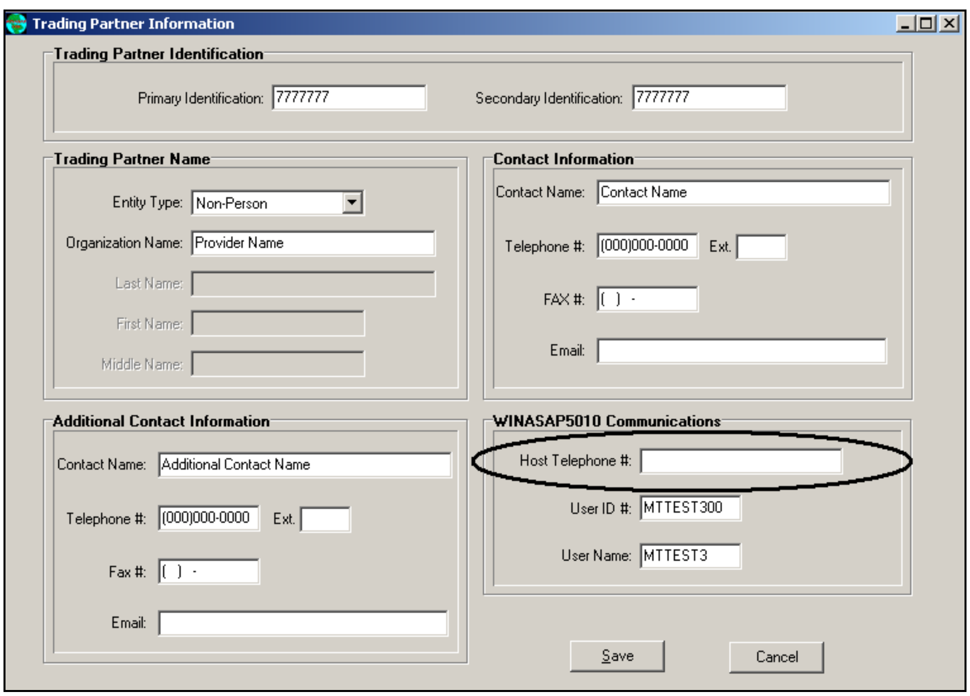
Submitting Claims through the MATH Web Portal

For a number of reasons (e.g., no internal modem in the computer, having a digital phone line instead of an analog phone line) users may not be able to submit claims through WINASAP using an analog phone or fax line. Instead, they use the Montana Access to Health web portal to submit claims. However, if they do submit claims through the web portal, the Receive Response File and the automatic changing of the status of submitted claims is not available.

Users must register to use the MATH web portal before being able to use it to submit claims. If users do not have access, they should visit the website, and follow the instructions to register for the web portal. Users need to assign their Security Privileges to include Upload Files. This must be selected before uploading the WINASAP claims.

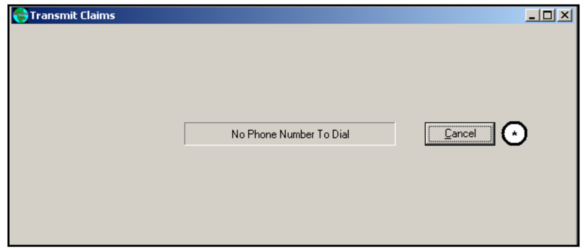


The setup of WINASAP5010 is pretty much the same as WINASAP2003.



1. Users enter their Trading Partner information as described on page 6, leave the Host Telephone Number field blank, and click Save.

2. Enter the provider information, the client information, and the diagnosis codes; create the claims, save them as described in this guide, and submit them following the steps on page 29.
3. After doing so, users receive a Transmission Claims message. This indicates that the claim file has been saved to their computer.
4. Click on Cancel.
5. Log into the MATH web portal: https://mtaccesstohealth.acs-shc.com/mt/general/home.do.



MATH Home Page

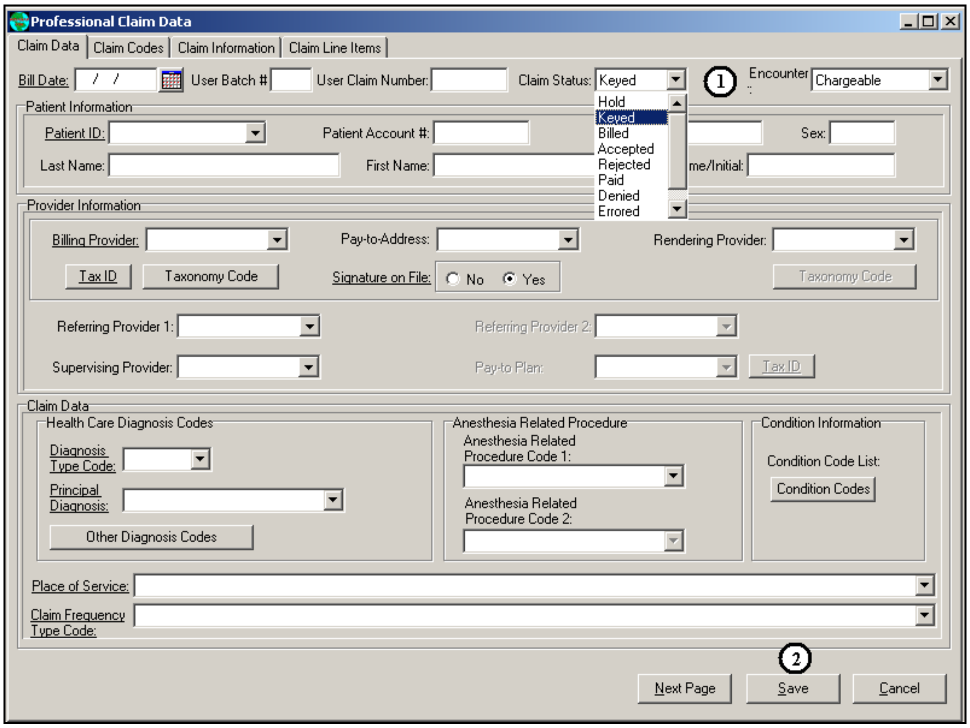
1. Once logged in, select the Upload Files option in the Submissions column.

2. Click on the Browse button. This opens a Choose File window where users select their file path.

3. Select the files in the order shown below by double-clicking the files.
   a. Local Disk (C :)
   b. Program Files
   c. ACS
   d. W5010
   e. db
   f. 77039
   g. 77039.bil. This is where users' claims are saved on their computer. The file path is C:\Program Files\ACS\W5010\db\77039\77039.bil.
4. Click on the Upload button. Users should receive a message stating their file was successfully uploaded.
5. Users must now manually change the status of the claims they have just submitted through the MATH web portal.

Manually Changing Claim Status

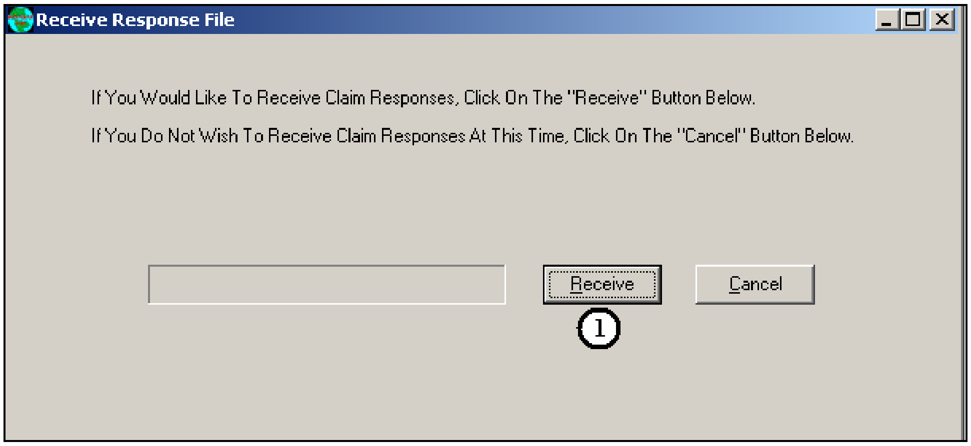
To manually change the status of claims, users must open the Claims List, select the type of claim (professional, institutional, dental, or nursing facility) they want to change, select the specific claim, and open the claim.



1. Click on the pull-down menu next to Claim Status and select Hold.
2. Click on Save. This prevents the claim from being resubmitted with the next batch of claims if users choose to keep their submitted claims in the Claims List.

Running a Receive Response File

Under the Tools pull-down menu, select Receive Response File.

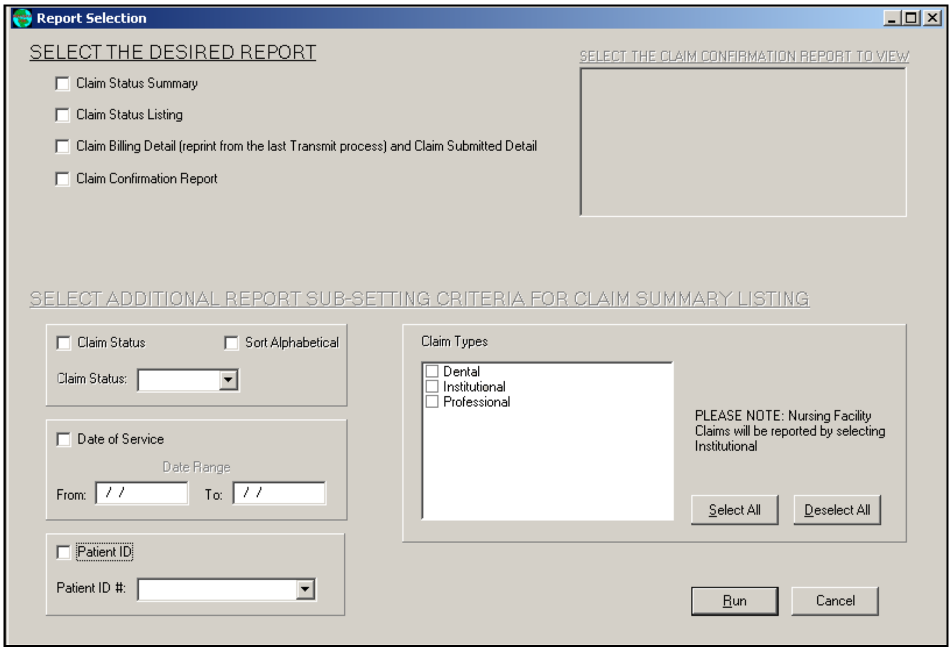


1. Click on Receive.
2. WINASAP connects to the host and updates the status of sent claims on Claims Lists. Unsent claims are in Keyed status. Sent claims default to Billed status.

Following the Receive Response File, sent claims are either accepted or rejected. If a claim is marked as rejected, contact EDI Gateway at (800) 987-6719 or Provider Relations at (800) 624-3958 for an explanation and for steps that are needed to correct rejected claims.

Reports, Backing up a Database, and Other Features

Under the Tools pull-down menu, select Reports. WINASAP can generate a variety of reports. Select the report type and criteria and click on Run in the lower right of the screen. Other items of interest under the Tools menu are:



1. Back-Up Database
    a. By backing up a database, users ensure that data can be recalled in the event of data loss.
    b. A backup is recommended on a regular basis. Data can be backed up to the WINASAP database, folders, desktop, a jump drive, or CD.
    c. To recall a backup, use the Restore Database option under the Tools menu.
2. Purge Claims
    a. Purge claims to remove them from the Claim List.
    b. Once removed, purged claims can be found in the WINASAP Database File.
3. Security
    a. Passwords may be changed, and users can be added through the Security option.
4. To view the version of WINASAP being used, access the Help Menu and select About. A screen appears indicating the version being used (e.g., Version 5.15).
5. Database Repair Tool
    a. This item can be used to troubleshoot minor glitches or errors that are experienced within the software. Once a Database Repair Tool is complete, WINASAP closes.

Troubleshooting Submission Errors, FAQs, and Helpful Hints

Troubleshooting Submission Errors

1. **Modem Not Accessible**
    a. WINASAP is direct submission software; therefore, a direct submission method must be reflected.
    b. The system that best reflects that is a dial-up modem and phone line.
    c. Many computers have internal modems and can simply have a phone or fax line plugged directly into the computer to resemble direct submission compliance.
    d. To find an active modem on the computer, access the Control Panel or contact technical support.
    e. During submission we recommended that users are disconnected from the Internet, other than through the dial-up connection.
2. **User Not Approved for Payer/Format/Type**
    a. This error occurs on the Receipt Complete screen.
    b. To resolve this issue, contact EDI Support at (800) 987-6719.

Frequently Asked Questions (FAQs)

1. **I just had that screen up, and it disappeared!**

    In WINASAP multiple screens can get concealed behind one another. Try minimizing the open screens to see if there is something displayed behind it. The minimized screens can always be maximized again.
2. **When will WINASAP be able to submit over the regular Internet?**

    WINASAP is free billing software. At this time, there are no plans to upgrade to submission through the regular Internet; it remains dial-up only.
3. **How will I know what the latest version of WINASAP is?**

    The latest version of WINASAP is available at www.acs-gcro.com.
4. **How come my claim denied; the Receive Response File said Accepted?**

    When claims are submitted electronically, they are screened for validity of data and HIPAA compliancy. If the submitted claims fail to meet these criteria, they are rejected from processing. If all criteria are met, the electronic claim gets Accepted; however, this Accepted status means that the claim was received by Medicaid for processing. A claim can still deny for many reasons.
5. **I am trying to submit my claims, but the item is gray and won't let me select it.**

    You need to be closed out of all data entry screens when submitting claims. Before submitting claims, close all screens so only the gray WINASAP screen shows.

6. **I am trying to open WINASAP, and it won't let me enter. There is no user ID that comes up.**

   WINASAP can experience this error particularly if Windows Vista is being run. The user ID at the log in screen needs to read ADMIN (unless changed or modified under Security). To allow this, right-click on the WINASAP icon and select Run as Administrator. This allows access to the program.

7. **I tried to enter a patient or provider ID, and I'm getting an error saying it isn't the right length.**

   You can manually modify the length allowed for the patient or provider data ID. Under File/Open Payer/Show Payer Edits, there is an option to modify the length.

Helpful Hints

1. When downloading WINASAP, save it to the computer Desktop, then install the program from there. The installation software looks like a red box. Once installed, the actual WINASAP application resembles a globe with red writing on it.
2. It always helps to back up data on a jump drive to store at an alternative location to have if something happens to the computer on which WINASAP is installed.
3. When frequently submitting claims for the same patient with the same codes, use the Copy feature in the Claim List. This copies the claim and allows updates to it. This saves data entry time because updates can be done to the data that changes (e.g., bill dates, services dates) and the rest is already entered.
4. Use the Receive Response File. It is beneficial to know if claims are rejecting on the electronic submission. If there is nothing coming through on the Remittance Advice, this is an indicator of claims rejecting.
5. If users are running (or attempting to run) WINASAP on a Mac, the program does not work to its full extent. WINASAP has sometimes run successfully on a Mac, but overall its functionality does not operate well.
6. Ensure the right payer is selected before submitting claims. The payer is indicated in the blue bar at the top of the screen and reads Montana DPHHS.
7. If users wish to have a disc sent to their location instead of downloading WINASAP from the website, they should call Provider Relations at (800) 624-3958 or the EDI Helpline at (800) 987-6719 to have a disc mailed.
8. Once WINASAP is successfully installed, delete the installation box to prevent from installing the software again. **If the database is not backed up to an external location (disc, zip drive, jump drive) and WINASAP is installed over the top. all previously entered data will be lost.**
9. When restoring a database, keep in mind that it will overwrite current data. There is no function to take parts of multiple databases and collaborate.

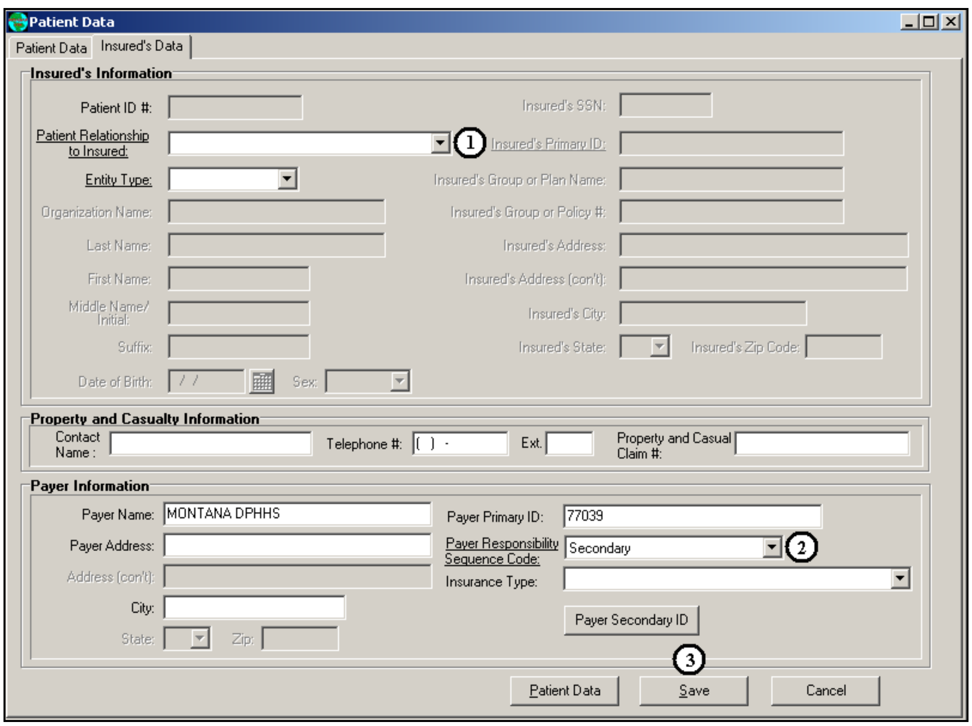
Appendix A – Indicating TPL Payments in a WINASAP Claim

If users need to indicate that Medicaid is not primary on a patient, access the patient data through Reference/Patient. Once the Patient List comes up, users can either double-click the patient to access or select the Change tab.

For WINASAP professional claims in which Medicaid pays secondary or tertiary to another insurer (TPL), providers should follow these instructions to enter the TPL paid amount and other TPL information.

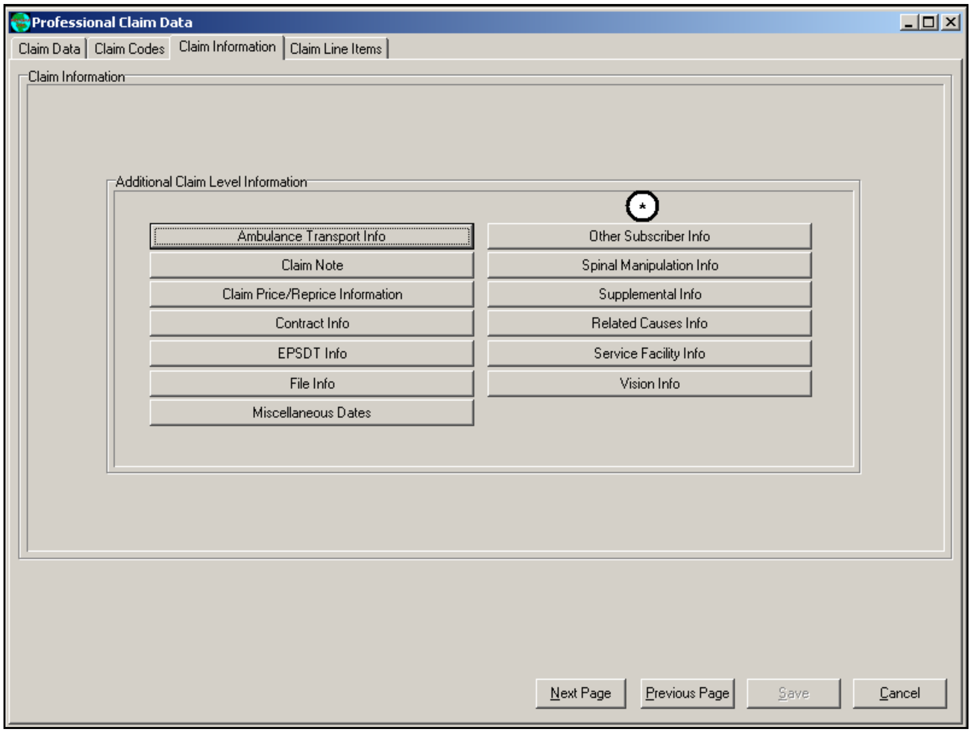
Claims indicating a TPL payment (not including Medicare) do not require attached paper documentation. However, an attachment is required if the TPL denies payment for noncovered services, exceeded benefits, etc.

The numbers on the screen shot below indicate the fields required to indicate Medicaid as secondary or tertiary.



1. In the Patient Reference Database, on the Insured's Data tab, under Patient Relationship to Insured, be sure that Self is entered.
2. Under Payer Responsibility Sequence Code, select Medicaid as Secondary (or Tertiary, if applicable).
3. Click on Save to exit the screen.

On the Professional Claim Data screen, Claim Information tab, click on Other Subscriber Info.

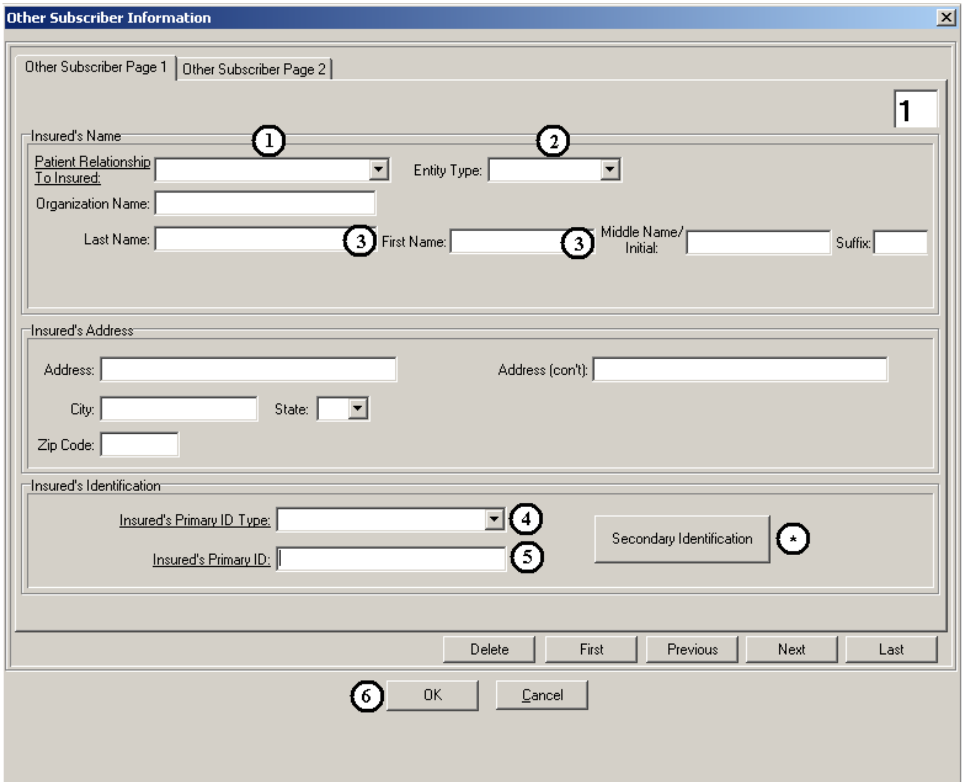


Other subscriber information allows the entry of many different aspects of third party payers, including Medicare.

- For Professional claims, Other Subscriber Info is located on the Claim Information tab.
- For Institutional claims, Other Subscriber Info is located on the Claim Codes tab in the bottom row of tabs.
- For Dental claims, Other Subscriber Info is located on the Claim Information tab near the bottom.
- For Nursing Facility claims, Other Subscriber Info is located on the Claim Codes tab in the bottom row of tabs.

Other Subscriber Page 1

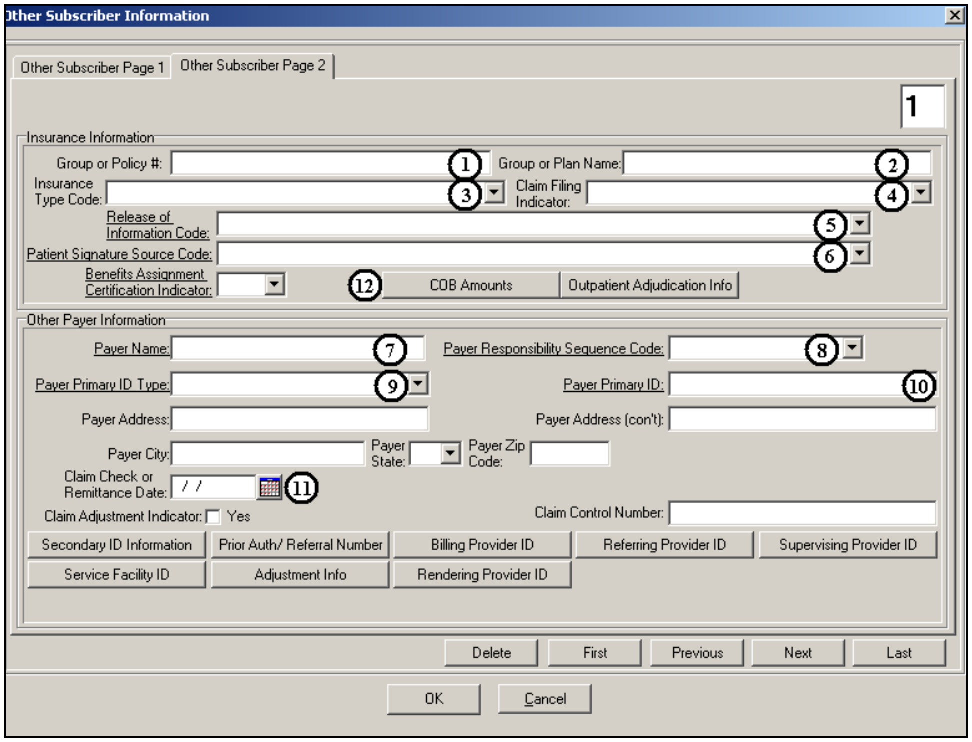
Complete the following fields on page 1 of this screen.



1. Patient Relationship to Insured.
2. Entity Type.
3. Last Name and First Name.
4. Insured’s Primary ID Type.
5. Insured’s Primary ID.
6. Click on OK or the Other Subscriber Page 2 tab at the top to move to the second page.

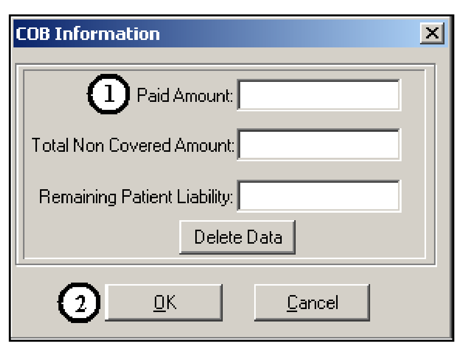
Other Subscriber Page 2

Complete the following fields on page 2 of this screen.



1. Group or Policy Number.
2. Group or Plan Name.
3. Insurance Type Code.
4. Claim Filing Indicator.
5. Release of Information Code.
6. Patient Signature Source Code.
7. Payer Name.
8. Payer Responsibility Sequence Code (enter Primary).
9. Payer Primary ID Type.
10. Payer Primary ID.
11. Claim Check or Remittance Date.
12. Click on COB Amounts.

COB Information

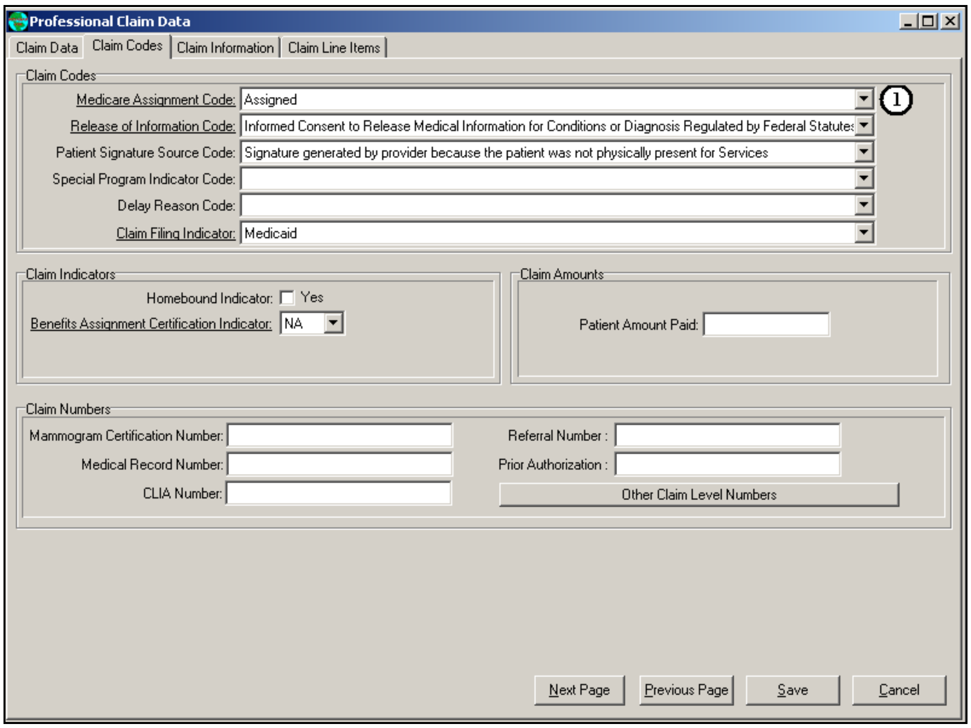


1. Enter the Paid Amount (TPL payment). Be sure to indicate payment with a 2-digit decimal to ensure the amount comes across correctly (e.g., 100.00 not 100).
2. Click on OK. Repeat the process for other TPL payments on the claim.

Appendix B – Indicating Medicare Part B for a Professional Claim

Follow the same procedures to indicate in the patient's data that Medicaid is either Secondary or Tertiary. (See Running a Response File instructions on page 35.)

When entering the Professional Claim, on the Claim Codes tab, enter Assigned for the Medicare Assignment Code.

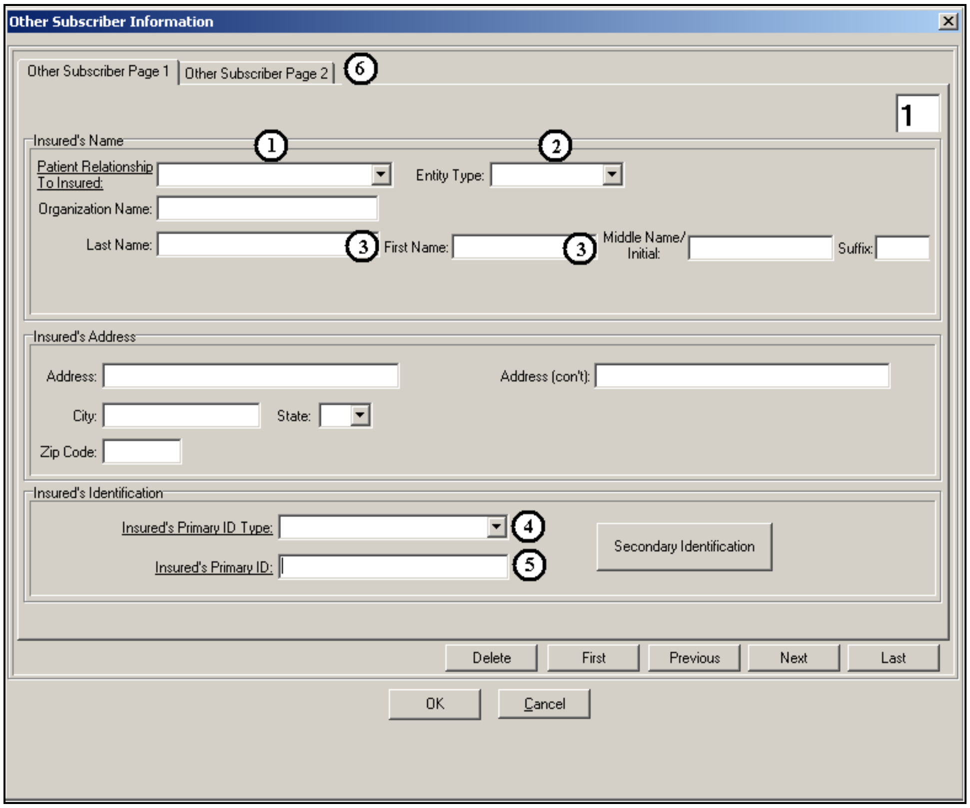


Proceed to follow normal claim billing procedures.

Other Subscriber Page 1

On the third page of data within a Professional Claim, select Other Subscriber Information.

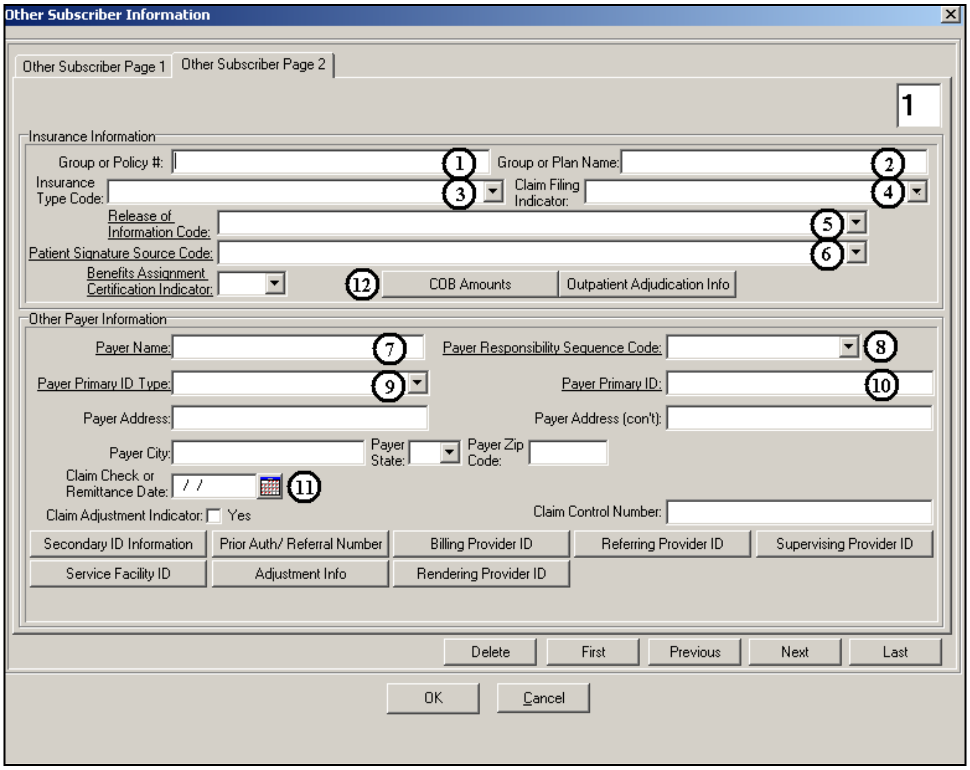
Complete the following fields on page 1 of this screen.



1. Patient Relationship to Insured: Self.
2. Entity Type: Person.
3. Last Name and First Name.
4. Insured's Primary ID Type: Select Member Identification Number. Insured's Address is not required.
5. Insured's Primary ID: Enter patient's Medicare ID Number.
6. Click on the Other Subscriber Page 2 tab at top to move to the second page.

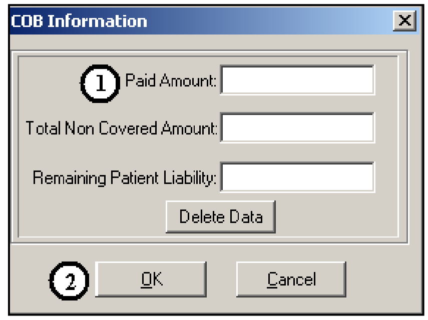
Other Subscriber Page 2

Complete the following fields on page 2 of this screen.



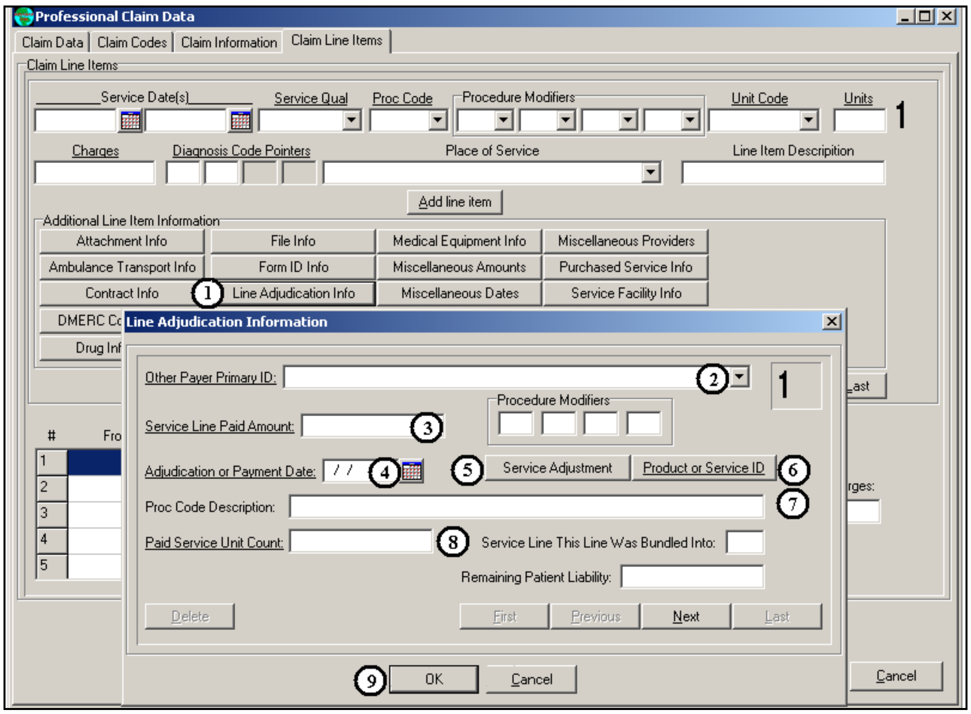
1. Group or Policy Number.
2. Group or Plan Name.
3. Insurance Type Code: Medicare Part B.
4. Claim Filing Indicator: Medicare Part B.
5. Release of Information Code: Select the first option.
6. Patient Signature Source Code: Select the first option.
7. Payer Name: Noridian Medicare.
8. Payer Responsibility Sequence Code: Enter Primary.
9. Payer Primary ID Type.
10. Payer Primary ID: Enter MCARE PART B for Noridian Medicare.
11. Claim Adjudication Date: The date the claim processed in Medicare.
12. Click on COB Amounts.

COB Information



1. Enter the paid amount to indicate the total amount paid by Medicare on this claim. Indicate the payment with a 2-digit decimal to ensure the correct amount comes across (100.00 not 100).
2. Click on OK. Repeat this process to add any additional payments.

Claim Line Items



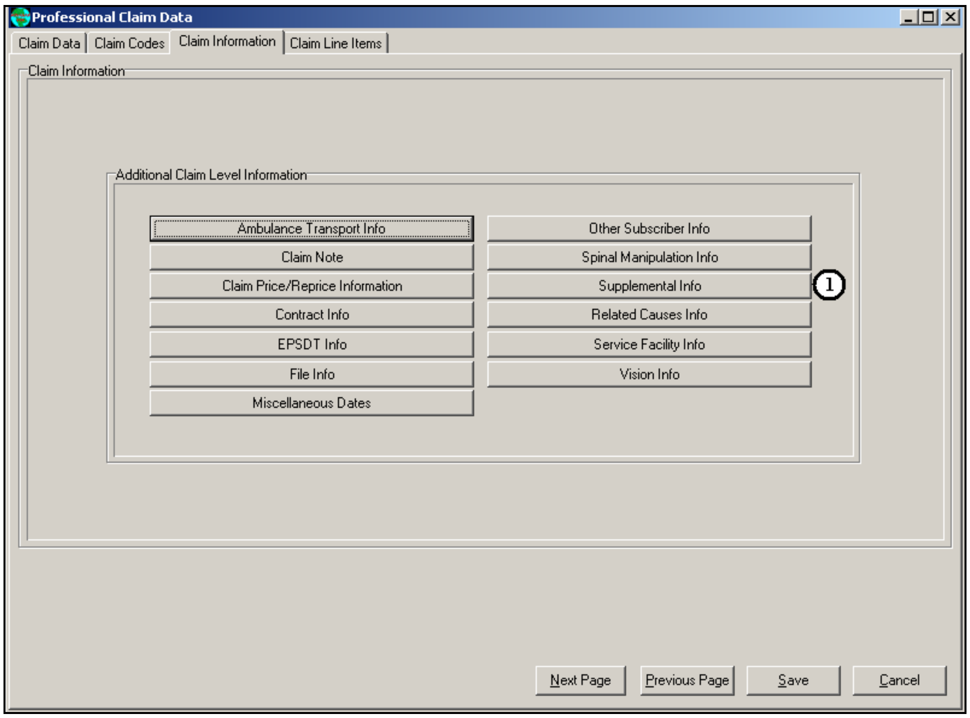
1. Under Additional Line Item Information, select the Line Adjudication Info button.
2. For Other Payer Primary ID, select the pull-down menu, and indicate the same Payer Primary ID entered previously (MCARE PART B).
3. Enter the paid amount in the Service Line Paid Amount field.
4. In the Adjudication or Payment Date field, enter the adjudication date of the claim.
5. Select the Service Adjustment button.
   a. Group Code – Select the appropriate code identifying the general category from the pull-down list.
   b. Reason Code – Select either 1 Deductible Amount or 2 Coinsurance Amount from the pull-down list.
   c. Adjusted Amount – Enter the amount of the deductible or coinsurance.

6. Select Product or Service ID.
    a. Identification Type – **Always** select **HCPCS** from the pull-down list.
    b. Identification Number – Enter the appropriate procedure code from the corresponding line item.
7. In the Proc Code Description field, enter the procedure code description.
8. In the Paid Service Unit Count field, enter the number of paid units.
9. Click on OK.

If there are additional service dates that need to be billed, click the Add Line Item button and repeat the steps for each additional line items.

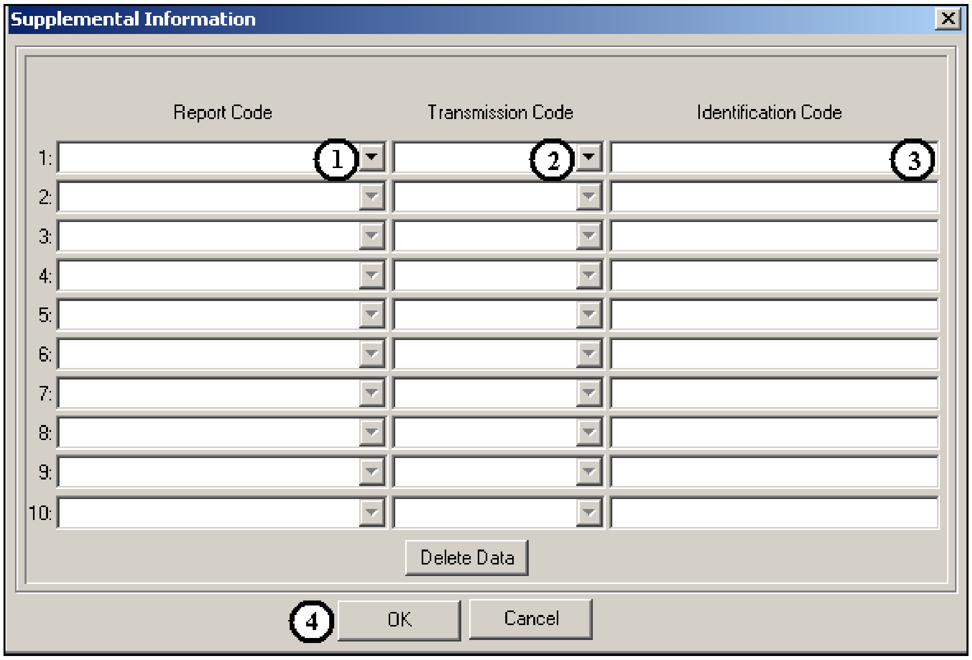
Appendix C – Paperwork Attachments / Blanket Denial Letters

For WINASAP claims in which a provider must indicate that a separate paperwork attachment has been sent, or to reference a blanket denial letter on file in the TPL Unit, click on the Supplemental Info button.



Supplemental Information

The black arrows on the screen images indicate required fields.



1. Under the Report Code pull-down menu, select the type of attachment (e.g., EOB). If the exact definition is not listed, select Support Data for Claim.
2. Under the Transmission Code pull-down menu, select the appropriate code (e.g., By Mail for attachments sent by mail with the Paperwork Attachment Cover Sheet; Electronically Only to reference a Blanket Denial Letter on file in the TPL Unit).
3. In the Identification Code field, enter the Attachment Control Number for attachments sent by mail with the Paperwork Attachment Cover Sheet. This number consists of the provider's ID number, client's ID number, and date of service (mmddccyy) each separated by a hyphen. This number much match the Paperwork Attachment Control Number entered on the Paperwork Attachment Cover Sheet.

   For claims referencing a blanket denial letter on file in the TPL Unit, enter the reference number assigned by the TPL Unit. The format of this number is TPL + Client ID Number + Carrier Code with no hyphens between the three elements.
4. When completed, click OK.